

CUMBERLAND COUNTY
Prioritization Table

Top Issues	BRFS	Comm. Quest.	Health Indicator Trends (Secondary Data)
Tobacco Use/Smoking Smokeless Tobacco	1	1 6	In ages 45-64, deaths from malignant neoplasm's have shown a stable trend from 1990 – 1996 with rates equal to the region and above the state. In ages 65+, deaths from malignant neoplasm's show an increasing trend for the same time frame with rates equal the region and below the state. Lung cancer incidence rates for 1995 were 41.2 with the state's rate at 64.2. The numbers of cases reported were 28.
Adult Alcohol Abuse	7	2	In ages 45-64, deaths from chronic liver disease and cirrhosis show a declining trend over from 1988 to 1996 with rates below the region and the state.
High Blood Pressure	2	3 Stress ranked 5th	In ages 45-64, deaths from cerebrovascular disease have shown a decline from 1991 to 1996 with rates below the region and the state. In ages 65+. The rate shows a steady increase over the past 10 years with rates below the region and the state.
Teen Pregnancy	8	4	For 1994-96, the average number of pregnancies ages 10-17 was 34 with the rate at 17.2 ranking Cumberland # 7 in the region with the rate below the state. For 1993-95, the average number of pregnancies ages 10-17 was 35 with the rate at 18.9 ranking Cumberland # 5 in the region with the rate below the state.
Teen Alcohol Abuse/Drug Abuse	7/9 (Addressed total Pop.)	5	In ages 15-24 years, the suicide rate shows a drastic increase over the past 10 years with the 1994-96 rates above the region and the states. In ages 10-19, number of suicides was 2 with the rate at 38.5 and the state's rate at 5.9.
Heart Conditions	4 Obesity 5	7	In ages 25-44, deaths from heart disease show a drastic increase from 1990 to 1996 with rates above the region and the

			state. In ages 45-64, the rates have remained stable and are above the state and the region.
Adult Drug Abuse	9 (Addressed total pop.)	8	
Domestic violence	14	9	
School Dropout	not addressed	9	For 1994-96, the average numbers of dropouts were 74 with the rate below the state, ranking Cumberland #6 in the region. For 1993-95, the average numbers of dropouts were 109 with the rate above the state ranking Cumberland #2 in the region.
Motor Vehicle Deaths	not addressed	9	The Motor Vehicular Death rate has shown a steady increase from 1988-1996 with rates above the state and the region. The number of deaths for 1994-96 averages 14 for each year.

Cumberland County Priorities

To ensure the accuracy of the council's ranking, the prioritization table provided a means of comparison of all top issues addressed. After reviewing and analyzing all primary and secondary data and open discussion among the health council members, the members scored and ranked the top issues.

Score and Rank Process

Consider the following:

Size: This reflects the percentage of the local population affected by the problem.

The largest percentage will be ranked 1.

The smallest percentage will be ranked 10.

Seriousness: The most serious problem will be ranked 1.

The least serious problem will be ranked 10.

What is the emergent nature of the health problem? Is there an urgency to intervene? Is there public concern? Is the problem a health problem?

What is the severity of the problem? Does the problem have a high death rate? Does the problem cause premature morbidity or mortality?

Is there actual or potential economic loss associated with the health problems? Does the health problem cause long term illness? Will the community have to bear the economic burden?

What is the potential or actual impact on others in the community?

STEP 1: Assign a rank for size.

1 being the highest rank (the largest percentage)

10 being the lowest rank (the smallest percentage)

Assign a rank for seriousness.

1 being the most serious

10 being the least serious

STEP 2: Add size and seriousness

STEP 3: The final rank will be determined by assessing the totals. The lowest total will have a final rank of 1 and the highest total will have a final rank of 10.

The council then scored and ranked the top issues.

TOP ISSUES

- 1) Teen Alcohol Abuse/Drug Abuse
- 2) Tobacco /Smoking/Smokeless Tobacco
- 3) Adult Alcohol Abuse
- 4) High Blood Pressure
- 5) Domestic Violence
- 6) Heart Condition
- 7) Teen Pregnancy
- 8) School Dropout
- 9) Adult Drug Abuse
- 10) Motor Vehicle Deaths

There was much discussion regarding the number one issue of Teen Alcohol/Drug Abuse. The motion was made, seconded and passed to address Teen Alcohol/Drug Abuse as the council's number one priority.

Future Planning

Through the Community Diagnosis Process, it was determined that the top issue of concern was Teen Alcohol/Drug Abuse for Cumberland County. The future plans of the Cumberland County Health Council are to go through the action steps.

Taking Action Outline

The *Taking Action* cycle is a systematic approach to problem solving. There are five phases of the cycle:

A	Phase 1	<u>A</u> ssess the Situation
C	Phase 2	Determine <u>C</u> auses
T	Phase 3	<u>T</u> arget Solutions
I	Phase 4	Design <u>I</u> mplementation
ON	Phase 5	Make it <u>O</u> ngoing

Phase 1 Assess the Situation

- Identifying priority health issue.
- Answering the question, “How does the priority health issue affect your community?”
- Writing mission statement based on answers to questions.
- Making decision to pursue health-related concern or to select another ingredient to work on.
- Listing community resources that could be applied to the priority health issue.
- Developing answers to the following questions:
 - Who** are the people/group being targeted?
 - What** do they need?
 - Where** do they need it?
 - When** is it needed?
- Identifying additional data and ways to gather information.

Phase 2 Determine Causes

- Reviewing who, what, where, and when for current health concerns and introduction to the “why”.
- Discussing possible causes and the difference between a cause and a symptom.
- Listing causes of the problem, grouping them, and identifying the ones that are creating the problem issue.
- Identifying additional data that may be needed from the target group.

Phase 3 **Target Solutions and Ideas**

- Targeting a solution.
- Identifying potential solutions that offer the greatest benefit for the causes.
- Listing possible barriers to the solution and actions to correct them.
- Developing criteria for a good solution.
- Revising the health-related concern into a problem statement which includes the health-related concern, the target population, the cause(s), and the solution or plan of action.

Phase 4 Design **Implementation, the Action Plan**

- Setting goals and objectives.
- Forming work groups for the following categories: community partners, equipment needs, time lines, marketing plan, and staff needs/training.
- Presenting group/committee reports.
- Finalizing content of the categories.
- Restating goals and objectives.
- Forming budget group.

Budget revisions and final approval of *Action Plan*.

Phase 5 Make it **Ongoing**.

- Forming committees for:
Evaluation
Development/Sustainability
Strategies for short and long term funding options.

Appendices

Appendix 1

Council Makeup

Cumberland County Health Council

Kimberly Freeland
Regional Health Office
200 West 10th Street
Cookeville, TN 38501
Ron Blaylock: Family Resource
756 Stanley Street
Crossville, TN 38555

Bobby Edwards: Youth Services Officer
2 North Main Street, Suite 103
Crossville, TN 38555
Louise Gorenflo: Rural Cumberland
Resources
185 Hood Drive
Crossville, TN 38555
Pat Ball, RN: School Nurse
396 Meadow Creek
Crossville, TN 38555

Carolyn Isbell
The Stephens Center
403 University Street
Livingston, TN 38570
Linda Faye Guy: Family Support Network,
Developmental Disability
6434 Lantana Road
Crossville, TN 38555
Andy Langford, County Health Department
Director
Cumberland County
J.C. Dunn: Volunteer Juvenile Court
248 Bradrock Street
Crossville, TN 38555
Carissa Lockhart
The Stephens Center
403 University Street
Livingston TN 38570

Andrea Simmons
Cumberland County High School
660 Stanley Street
Crossville, TN 38555
Dianna Daugherty, RN, CEN
Cumberland Medical Center
811 South Main Street
Crossville, TN 38555
Butch Burgess: Dare Officer
9964 Vandever Road
Crossville, TN 38555
Jody Hughes: Battered Women
P.O. Box 3063
Crossville, TN 38555

Loretta Stults: Community Volunteer
First United Methodist Church
26 Church Street
Crossville, TN 38555
Barbara Galliher
Cumberland Good Samaritan
P.O. Box 89
Crossville, TN 38555
Jo Thurman
Cumberland County Health Department

Sue Cox, UT Ag. Extension
P.O. Box 483
Crossville, TN 38555
Sherry Crum: Cumberland County Health
Department

Sandy Allen
Quality Home Health
P.O. Box 697
Jamestown, TN 38556

Jeff Wallace
Crossville Elementary
368 4th Street
Crossville, TN 38555
Brock Hill: Chairperson
Regional Health Council Rep.
County Executive
2 North Main Suite 203
Crossville, TN 38555
Ed Anderson: Administrator
Cumberland Medical Center
421 South Main Street
Crossville, TN 38555
Barry Wagner M.D. Physician
Cumberland Medical Center
421 South Main Street
Crossville, TN 38555
John Buck: Director
Uplands Retirement Village
P.O. Box 168
Pleasant Hill, TN 38578
Rena Davis: Prevention Coordinator
Plateau Mental Health Center
P.O. Box 3165
Cookeville, TN 38501
Dan Richardson: Physician's Office
Dr. Larry Patterson
220 Lantana Road
Crossville, TN 38555
Charlene Hall: Coordinator GPI
FAST Program
584 Hwy 70 East
Crossville, TN 38555
Rev. David Allen: Ministerial Association
105 Meadow Drive
Crossville, TN 38555
Alice Gunderson: Retirement Community
28 Brixton Lane
P.O. Box 2085
Fairfield Glade, TN 38557
Billie Hammond : Retired Community
224 Ridgewood Drive
Crossville, TN 38555

Scott Hull: FAST
584 Hwy 70 East
Crossville, TN 38555

John Hall: Fire Chief
Route 13 Box 510
Crossville, TN 38557

Howard Stubbs: Minority (Schools)
3836 Highway 127 South
Crossville, TN 38555

Jan Boston Sellers: Teens Against Drugs
125 Peace Pipe
Crossville, TN 38555

Charlotte Putts: Headstart
Crossville Headstart
2113 West Creston Road
Crossville, TN 38555
Trudy Brown: Community Volunteer
P.O. Box 371
Pleasant Hill, TN 38578

Tracy Hyder: Crossville Housing
Route 12 Box 226
Crossville, TN 38555

Delano Thompson: County Commissioner
Route 7 Box 172-D
Crossville, TN 38555

Jeff Reeves: First Baptist Church
19 Chief Daybreak
Crossville, TN 38555
Karen Randall: Community Volunteer
P.O. Box 3775
Crossville, TN 38555

Don Hassler: Truancy Officer
Route 6 Box 86
Crossville, TN 38555

Margaret Hoyt
Crossville Housing Authority
67 Irwin Avenue
Crossville, TN 38555
Linda Rubino
UT Extension
P.O. Box 483
Crossville, TN 38555
Becky Hawks: Tennessee Dept. of Health
Cordell Hull Building 4th Floor
425 5th Avenue North
Nashville, TN 37247
Hazel Hulebard
Cumberland County Sheriff's Department
90 Justice Center Drive
Crossville, TN 38555

Ray Mays: Office Manager, Doctor's
Office
125 Brown Avenue
Crossville, TN 38555
Cheryl Gibbs
VORP
15 Division Drive
Crossville TN 38555

Angie Beaty
American Cancer Society
508 State Street
Cookeville, TN 38501
Wendy Dunn
Care More Associates, Inc.
129 Frazier Road
Crossville, TN 38555
Kellie Roberson Moore
TNCEP
P.O. Box 483
Crossville, TN 38555
David Massengil
VORP
15 Division Drive
Crossville, TN 38555

Lisa Phillips
Family Resource Center
756 Stanley Street
Crossville, TN 38555
Joann Fraser: Dietician
Hill Toppers
14 Oakburn
Crossville, TN 38555

Appendix 2

BY LAWS FOR CUMBERLAND COUNTY HEALTH COUNCIL

ARTICLE I. NAME

The name of this organization shall be CUMBERLAND COUNTY HEALTH COUNCIL (hereafter referred to as “COUNCIL”) and will exist within the geographic boundaries of Cumberland County, Tennessee. The council shall exist as a non-incorporated, not-for-profit, voluntary membership community service organization.

ARTICLE II. MISSION

The Cumberland County Health Council is to act as an independent advisory organization whose purpose is to facilitate the availability, accessibility and affordability of quality health care within the Upper Cumberland Tennessee Public Health Region.

ARTICLE III. GOALS

The goals of the Council are to assess the present and future health care needs of the Cumberland County community and to examine the available health care, economic, political and social resources therein which may be coordinated and developed to address unmet health care needs, improve existing services, and solve specific health care problems within the community. From its analysis, the Council will: (1) formally define health care problems and needs within the community, (2) develop goals, objectives and plans of action to address these needs, and (3) formally identify all resources which are available to affect solutions.

ARTICLE IV. OFFICERS

Section 1: Officers

The officers of the council shall consist of the Chairman and Vice-Chairman.

Section 2: Chairman

The Chairman will be elected by majority vote of the Council from nominees among its members. The Chairman will preside over all meetings of the Council and will set the agenda for each meeting.

Section 3: Vice-Chairman

The Vice-Chairman will be selected by majority vote of the Council from nominees among its members. The Vice-Chairman will preside in the absence of the Chairman and assume duties by the Chairman.

Section 5: Term of Office

Officers shall be elected at the meeting in or following July of each year for a term of one year. Officers may be re-elected to serve additional terms.

ARTICLE V. MEMBERS

The Council shall consist of no less than ____ nor more than ____ members. Membership in the Council shall be voluntary and selected by the Board Directors. The Board of Directors will be composed of the current elected officers of the Council. The Council shall consist of an adequate number of voting members as to be effectively representative of all segments of the community. When a member misses three (3) unexcused consecutive meetings or six (6) meetings in a calendar year, the member will receive a notice from the chairperson regarding removal from council. Leaders in the areas of health care, finance, business, industry, civic organizations, social welfare organizations, advocacy groups, and government may be invited to serve. The Council shall also invite the membership of health care consumer representatives from diverse socioeconomic backgrounds.

ARTICLE VI. MEETINGS

Section I: Regular Meetings

The Council will conduct regularly scheduled meetings, at intervals of no less than once every two (2) months, to be held at a time and place specified by the Council Chairman.

Section 2: Special Meetings

The Council Chairman may call a special meeting, as desired appropriate, upon five days written notice to the membership.

Section 3: Quorum

A quorum shall consist of a majority of voting members present at the Council meeting.

ARTICLE VII. COMMITTEES

The Council may establish such standing or special committees as deemed appropriate for the conduct of its business. Committee membership will be assigned by the Chairman

and may consist of both Council members and other concerned individuals who are not members of the Council.

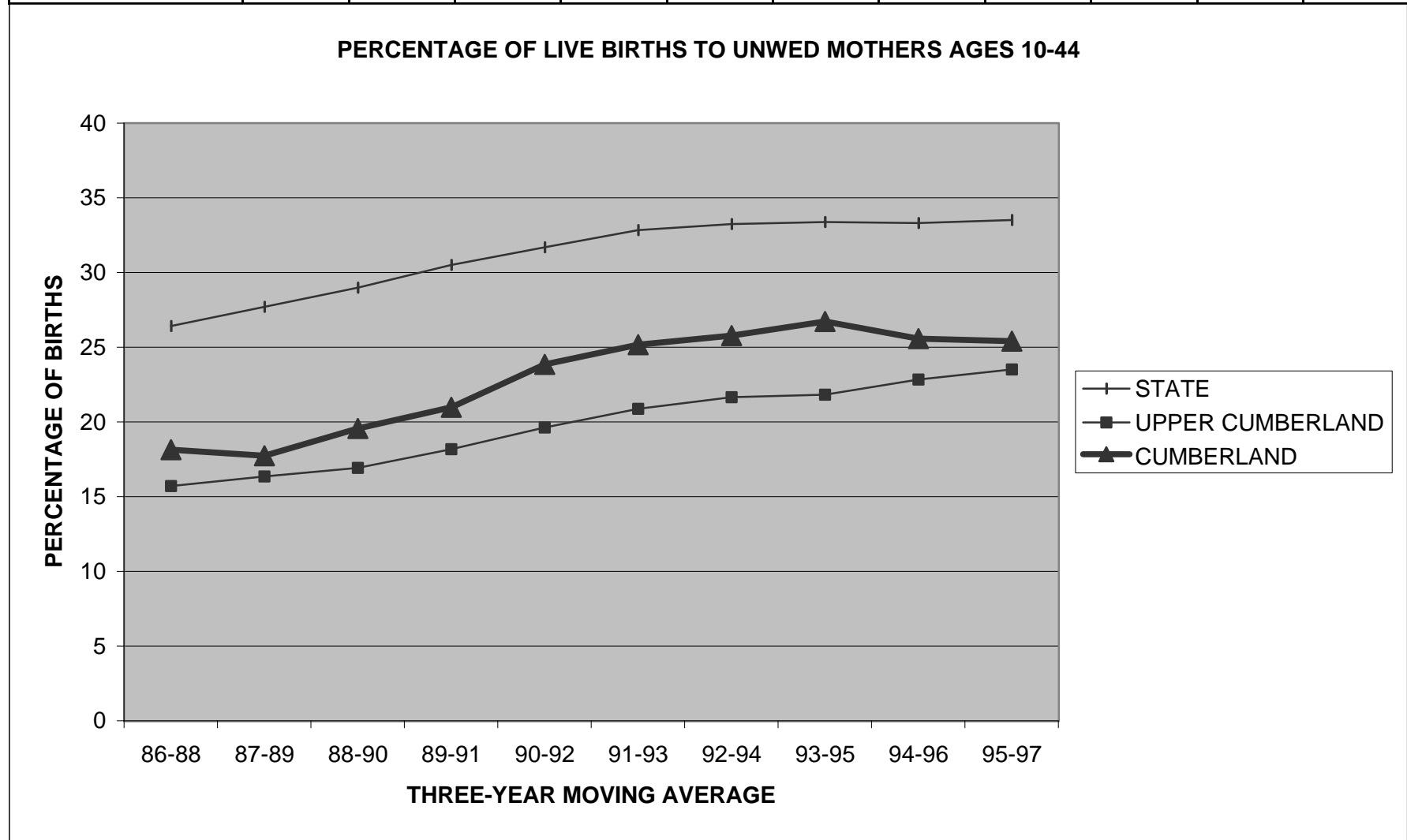
ARTICLE VIII: APPROVAL AND AMENDMENTS

These Bylaws will become effective upon approval by a majority vote of the membership of the Council. Thereafter, these Bylaws may be amended or repealed at any regular or special meeting called for the purpose by a majority vote of the voting members present, provided that the proposed additions, deletions or changes have been submitted in writing to all Council members not less than thirty (30) days prior to the meeting at which formal action on such amendments are sought.

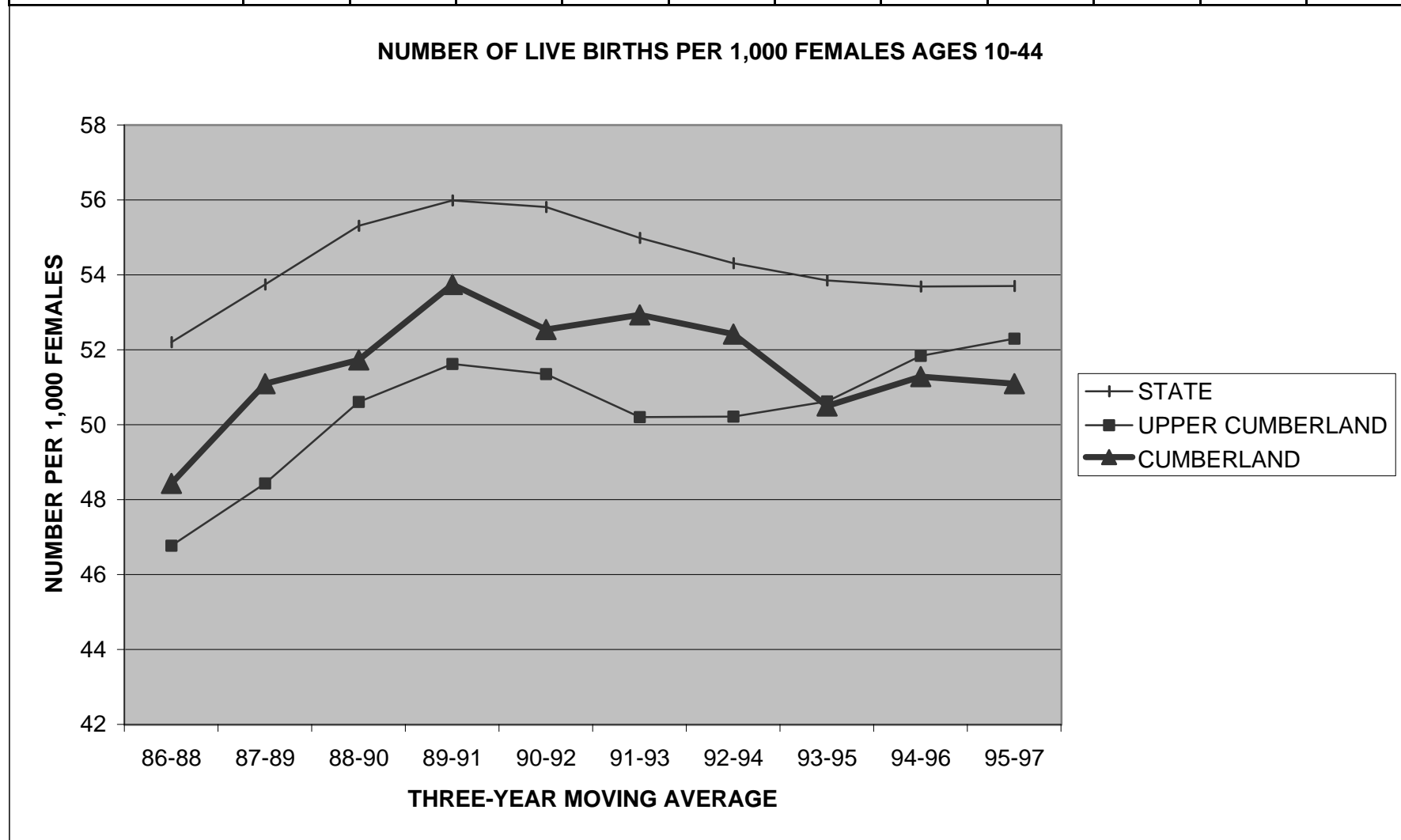
Appendix 3

Pregnancy and Birth Data

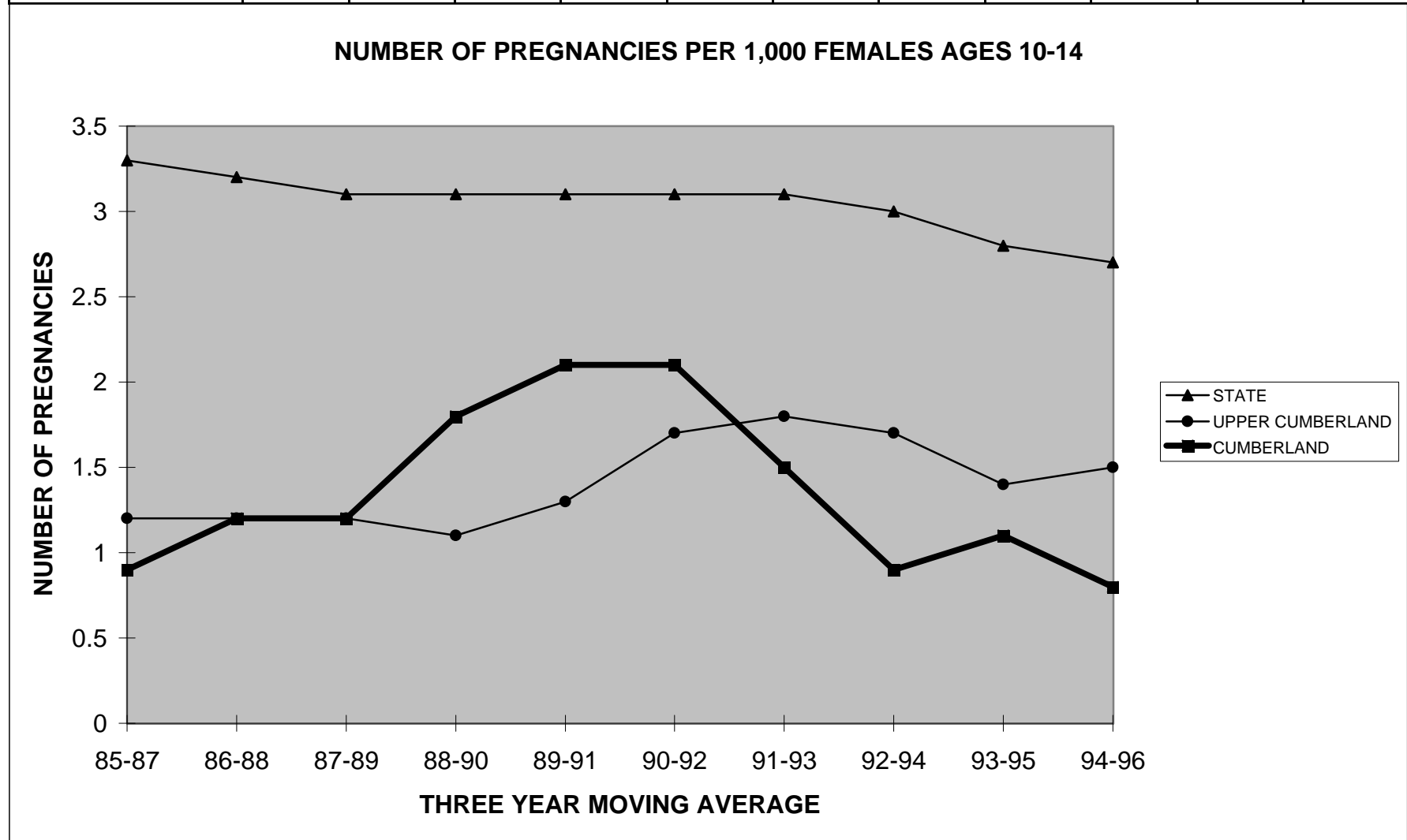
	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	
STATE	26.4	27.7	29.0	30.5	31.7	32.8	33.2	33.4	33.3	33.5	
UPPER CUMBERLAND	15.7	16.4	16.9	18.2	19.6	20.9	21.7	21.8	22.9	23.5	
CUMBERLAND	18.1	17.7	19.6	21.0	23.8	25.2	25.8	26.7	25.6	25.4	



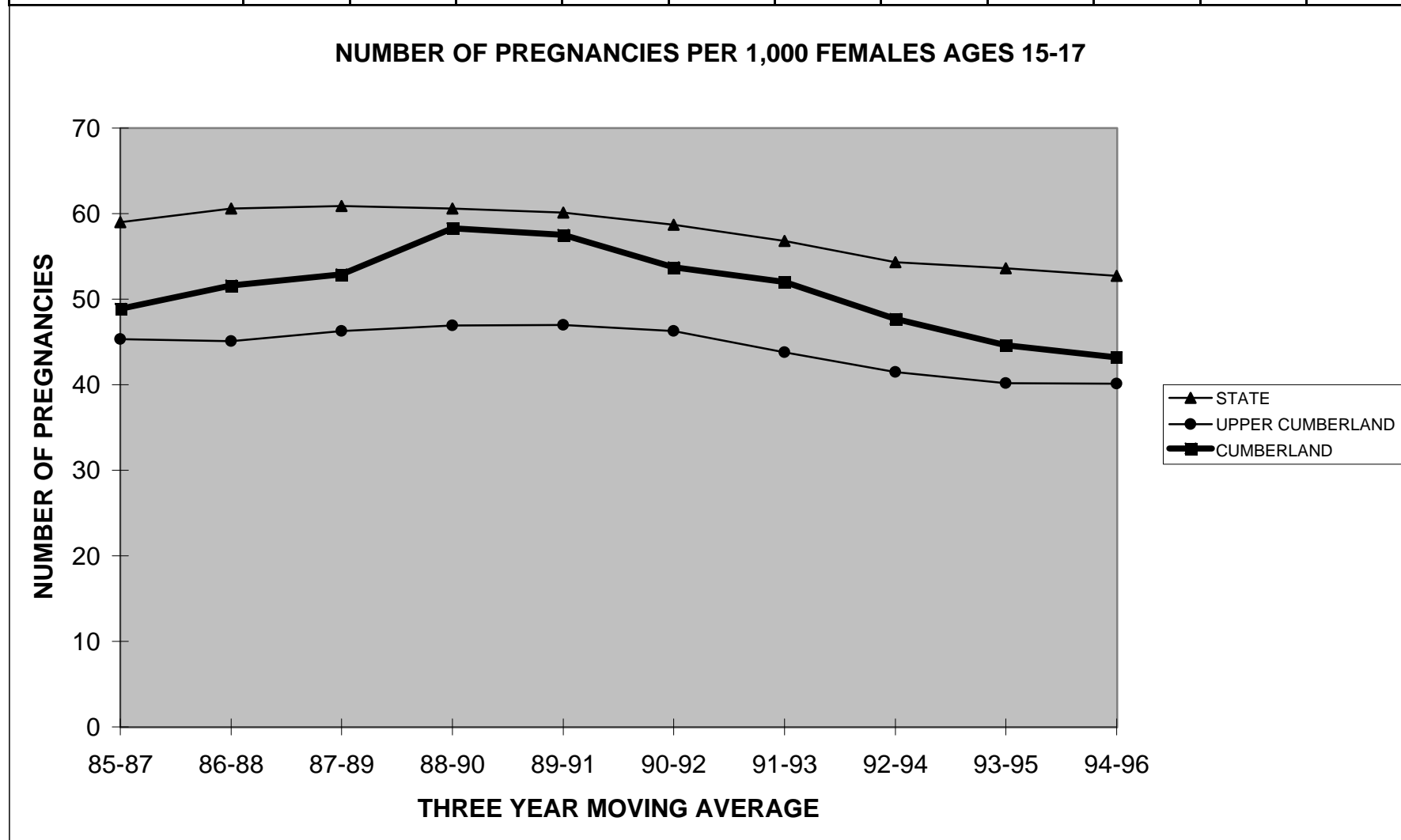
	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	
STATE	52.2	53.7	55.3	56.0	55.8	55.0	54.3	53.9	53.7	53.7	
UPPER CUMBERLAND	46.8	48.4	50.6	51.6	51.4	50.2	50.2	50.6	51.8	52.3	
CUMBERLAND	48.4	51.1	51.7	53.7	52.5	52.9	52.4	50.5	51.3	51.1	



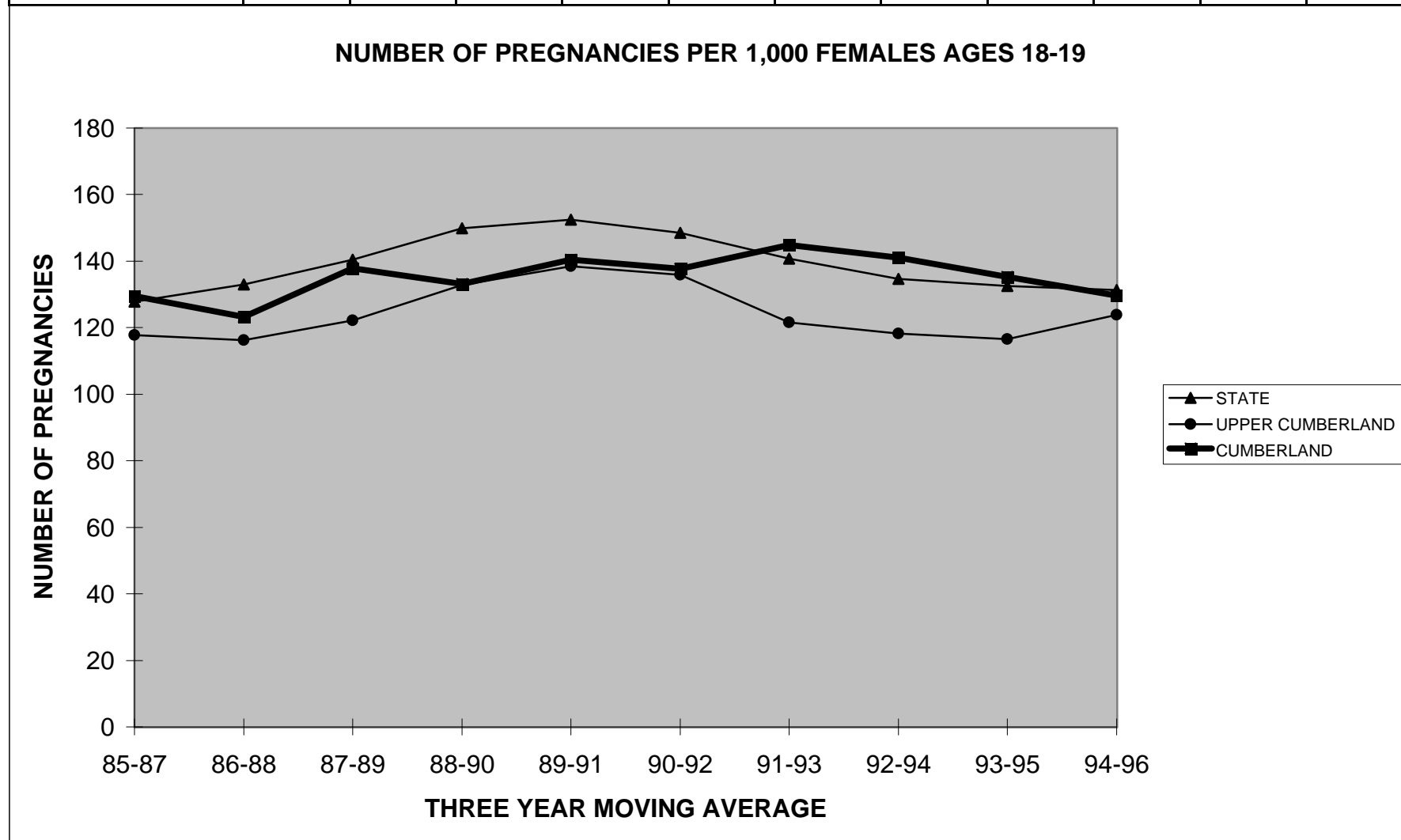
	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	
STATE	3.3	3.2	3.1	3.1	3.1	3.1	3.1	3	2.8	2.7	
UPPER CUMBERLAND	1.2	1.2	1.2	1.1	1.3	1.7	1.8	1.7	1.4	1.5	
CUMBERLAND	0.9	1.2	1.2	1.8	2.1	2.1	1.5	0.9	1.1	0.8	



	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	
STATE	59	60.6	60.9	60.6	60.1	58.7	56.8	54.3	53.6	52.7	
UPPER CUMBERLAND	45.3	45.1	46.3	46.9	47	46.3	43.8	41.5	40.2	40.1	
CUMBERLAND	48.9	51.6	52.9	58.3	57.5	53.7	52	47.7	44.6	43.2	

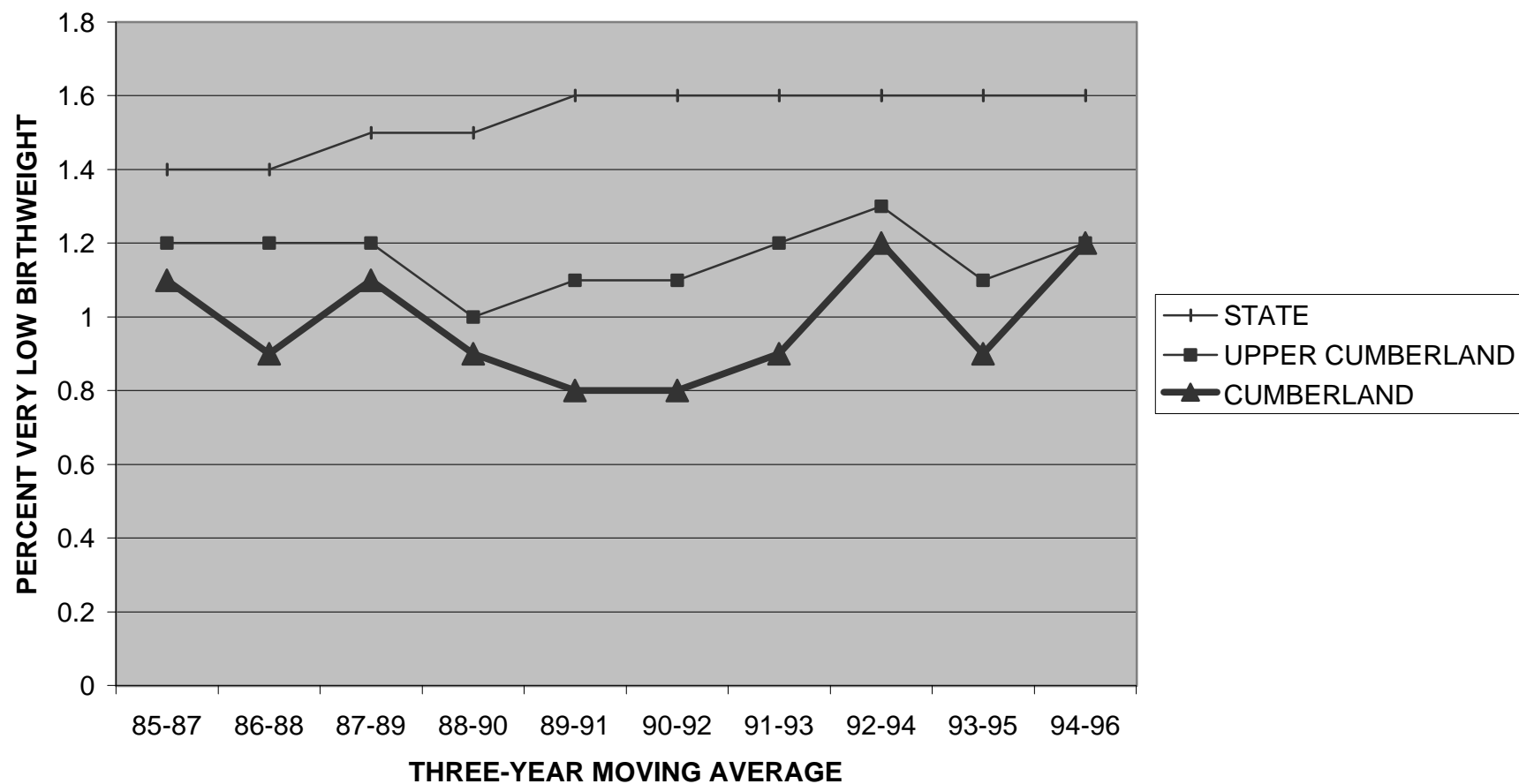


	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	
STATE	127.8	133	140.4	149.8	152.5	148.5	140.7	134.7	132.6	131.3	
UPPER CUMBERLAND	117.8	116.2	122.2	132.8	138.4	135.8	121.5	118.2	116.5	123.8	
CUMBERLAND	129.5	123.3	137.8	133.1	140.5	137.7	144.9	141.1	135.3	129.6	

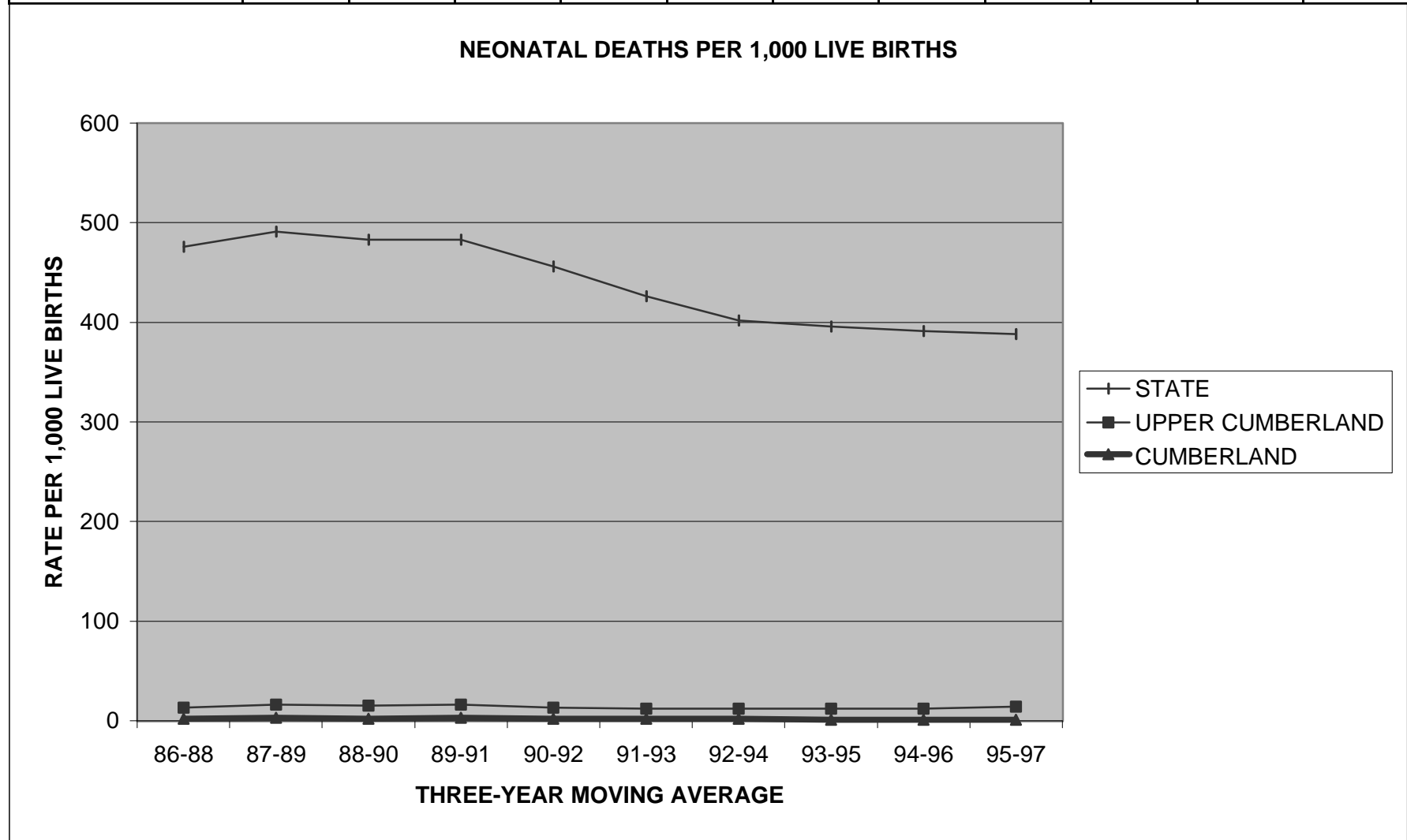


	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	
STATE	1.4	1.4	1.5	1.5	1.6	1.6	1.6	1.6	1.6	1.6	
UPPER CUMBERLAND	1.2	1.2	1.2	1	1.1	1.1	1.2	1.3	1.1	1.2	
CUMBERLAND	1.1	0.9	1.1	0.9	0.8	0.8	0.9	1.2	0.9	1.2	

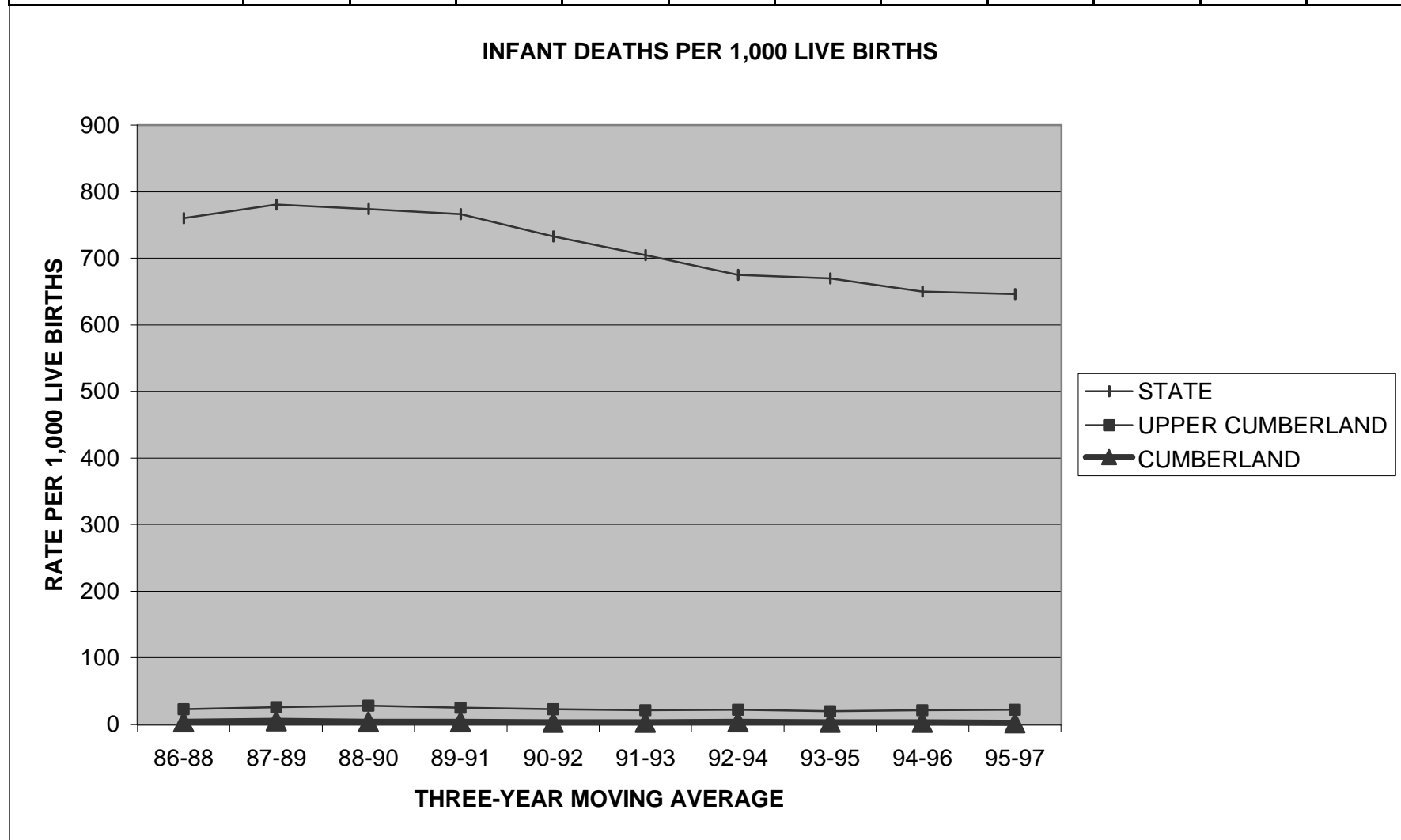
PERCENT OF LIVE BIRTHS CLASSIFIED AS VERY LOW BIRTHWEIGHT, AGES 10-44



	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	
STATE	476	491	483	483	456	426	402	396	391	388	
UPPER CUMBERLAND	13	16	15	16	13	12	12	12	12	14	
CUMBERLAND	2	3	2	3	2	2	2	1	1	1	

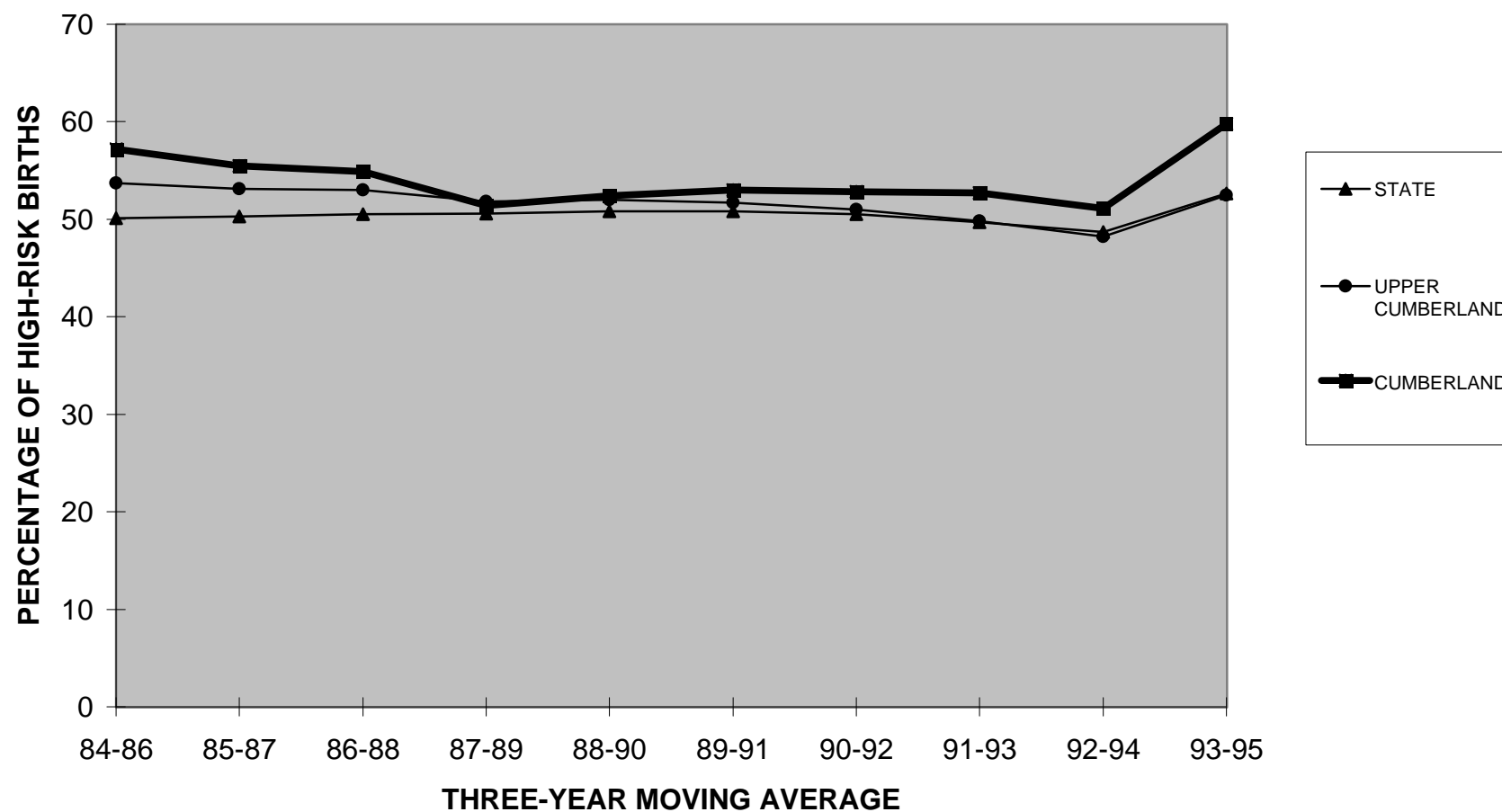


	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	
STATE	760	781	774	766	733	705	675	670	650	646	
UPPER CUMBERLAND	23	26	28	25	23	21	22	20	21	22	
CUMBERLAND	4	5	4	4	3	3	4	3	3	2	

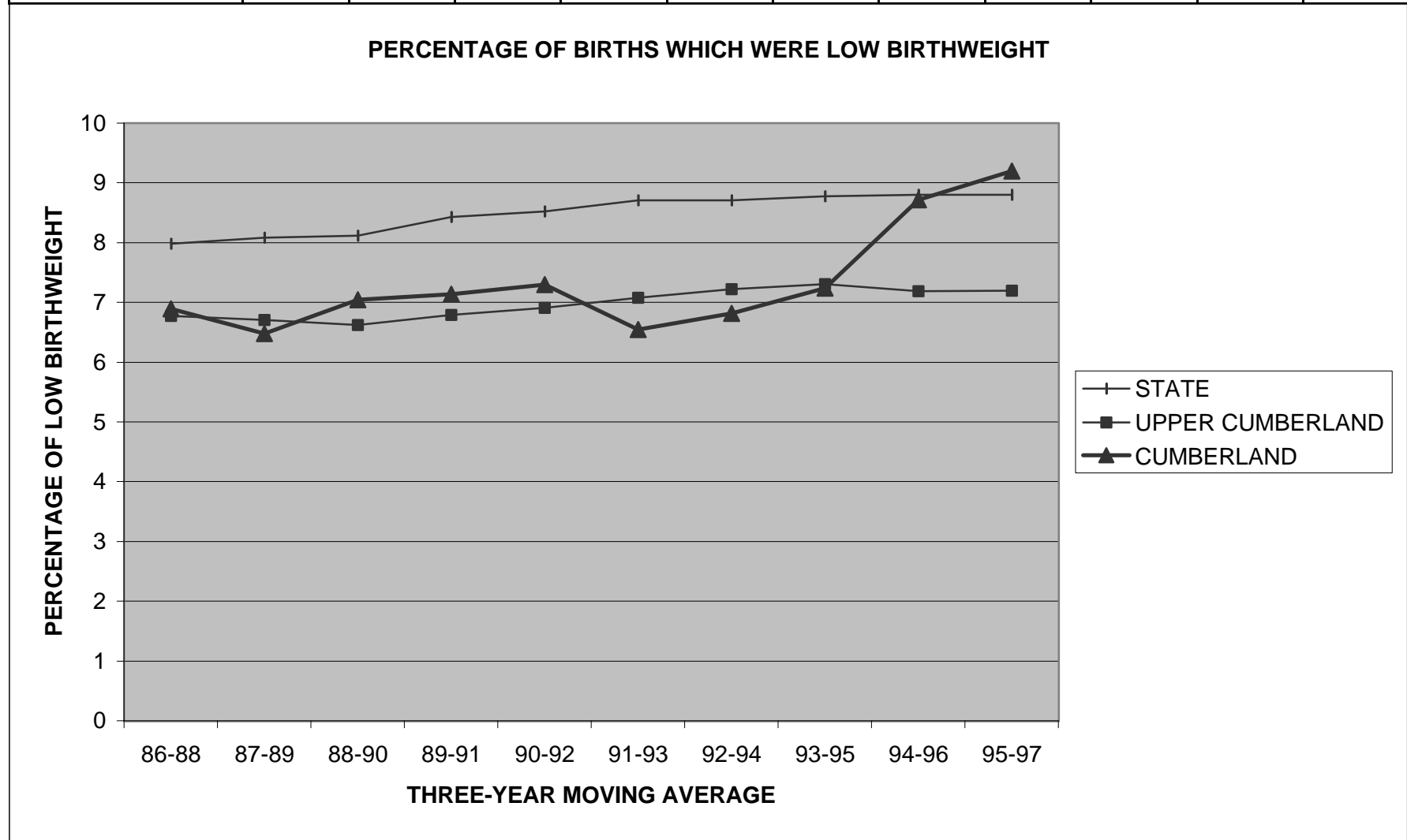


	84-86	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	
STATE	50.1	50.3	50.5	50.6	50.8	50.8	50.5	49.7	48.7	52.6	
UPPER CUMBERLAND	53.7	53.1	53	51.8	52	51.7	51	49.8	48.2	52.5	
CUMBERLAND	57.2	55.5	54.9	51.4	52.4	53	52.8	52.7	51.1	59.8	

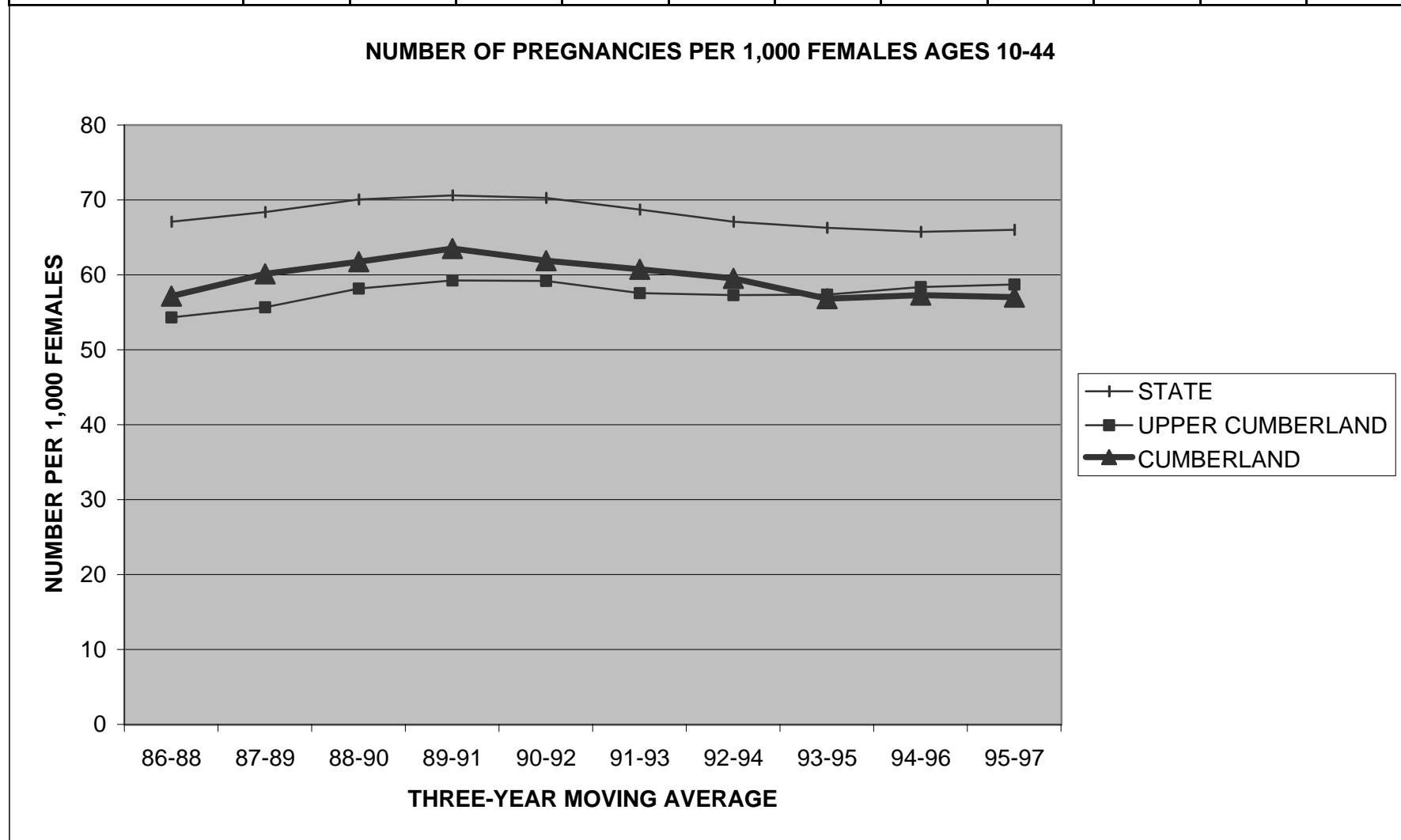
PERCENTAGE OF BIRTHS WITH ONE OR MORE HIGH-RISK CHARACTERISTICS*



	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	
STATE	8.0	8.1	8.1	8.4	8.5	8.7	8.7	8.8	8.8	8.8	
UPPER CUMBERLAND	6.8	6.7	6.6	6.8	6.9	7.1	7.2	7.3	7.2	7.2	
CUMBERLAND	6.9	6.5	7.0	7.1	7.3	6.5	6.8	7.2	8.7	9.2	

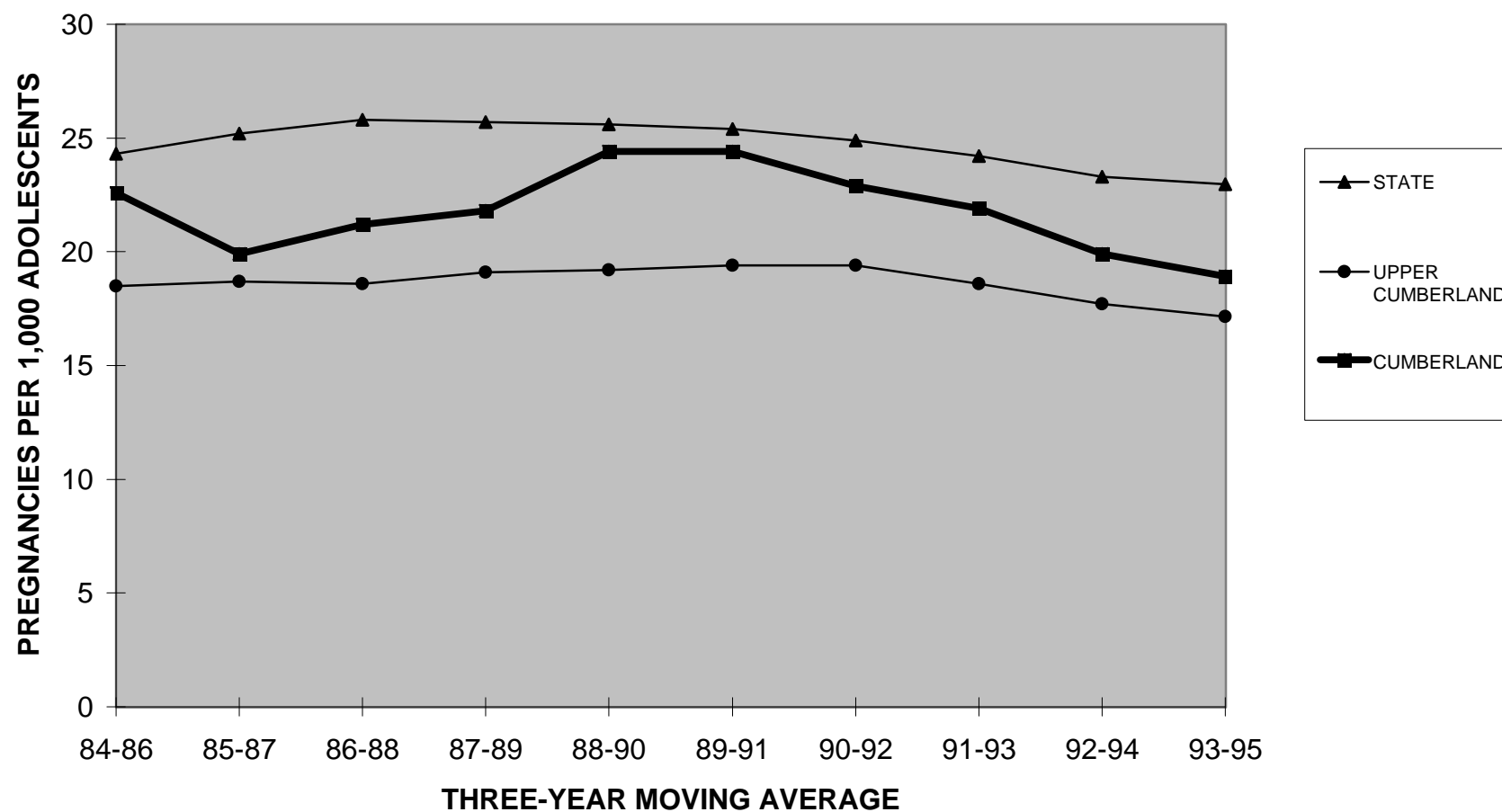


	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	
STATE	67.1	68.4	70.1	70.6	70.3	68.7	67.1	66.3	65.8	66.0	
UPPER CUMBERLAND	54.3	55.6	58.2	59.2	59.2	57.6	57.3	57.4	58.4	58.7	
CUMBERLAND	57.1	60.2	61.8	63.5	61.9	60.7	59.5	56.8	57.3	57.0	



	84-86	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	
STATE	24.3	25.2	25.8	25.7	25.6	25.4	24.9	24.2	23.3	23.0	
UPPER CUMBERLAND	18.5	18.7	18.6	19.1	19.2	19.4	19.4	18.6	17.7	17.2	
CUMBERLAND	22.6	19.9	21.2	21.8	24.4	24.4	22.9	21.9	19.9	18.9	

TOTAL NUMBER OF TEENAGE PREGNANCIES PER 1,000 FEMALES AGES 10-17

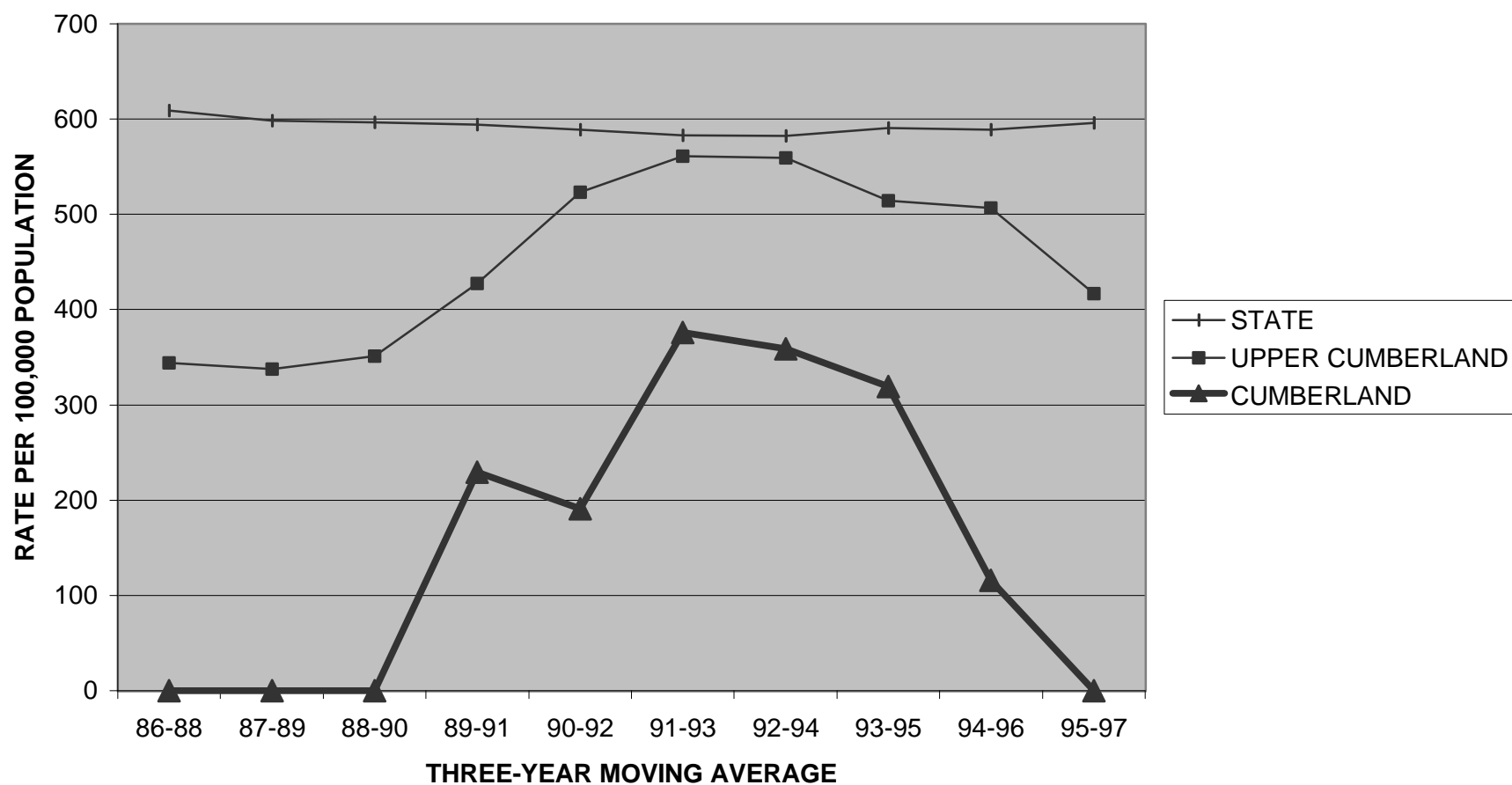


Appendix 4

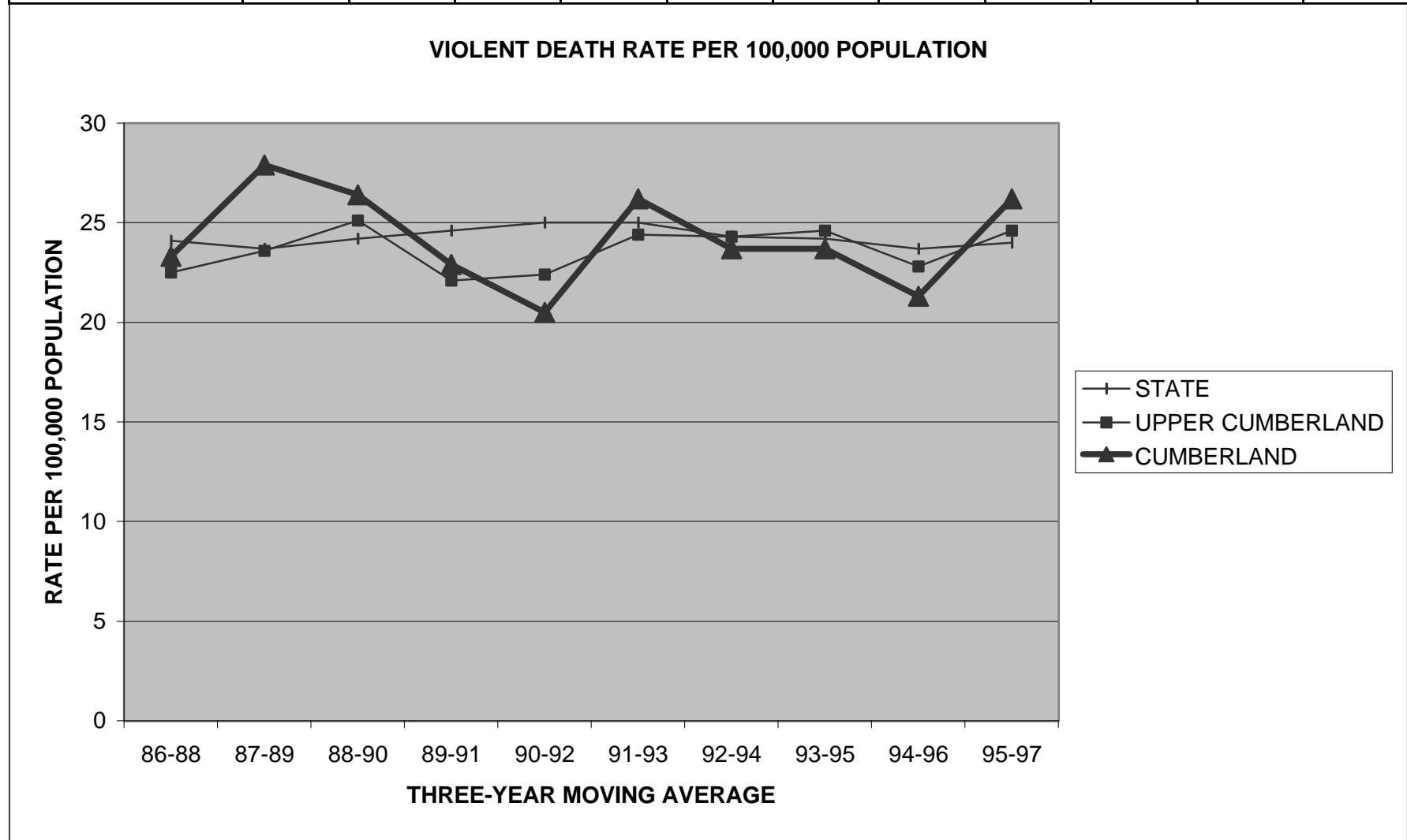
Mortality Data

	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	
STATE	608.9	598.3	596.8	594.4	588.8	582.7	582.2	590.6	588.7	595.7	
UPPER CUMBERLAND	344.0	337.6	351.2	427.2	523.4	560.8	559.5	514.1	506.7	416.7	
CUMBERLAND	0.0	0.0	0.0	229.4	191.2	375.9	358.7	319.4	116.0	0.0	

OTHER RACES FEMALE AGE-ADJUSTED MORTALITY RATE PER 100,000 POPULATION

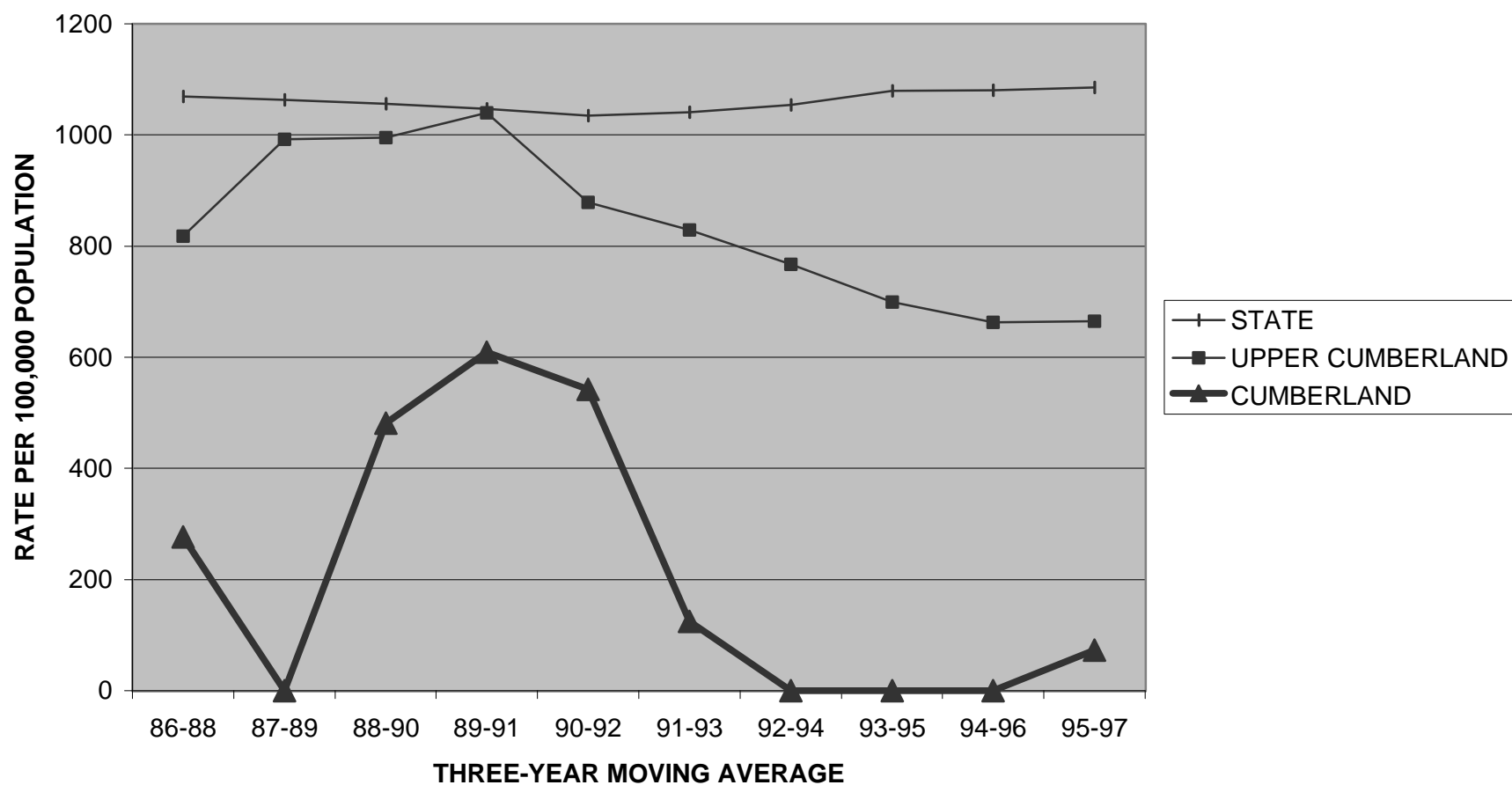


	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	
STATE	24.1	23.7	24.2	24.6	25.0	25.0	24.3	24.2	23.7	24.0	
UPPER CUMBERLAND	22.5	23.6	25.1	22.1	22.4	24.4	24.3	24.6	22.8	24.6	
CUMBERLAND	23.3	27.9	26.4	22.9	20.5	26.2	23.7	23.7	21.3	26.2	



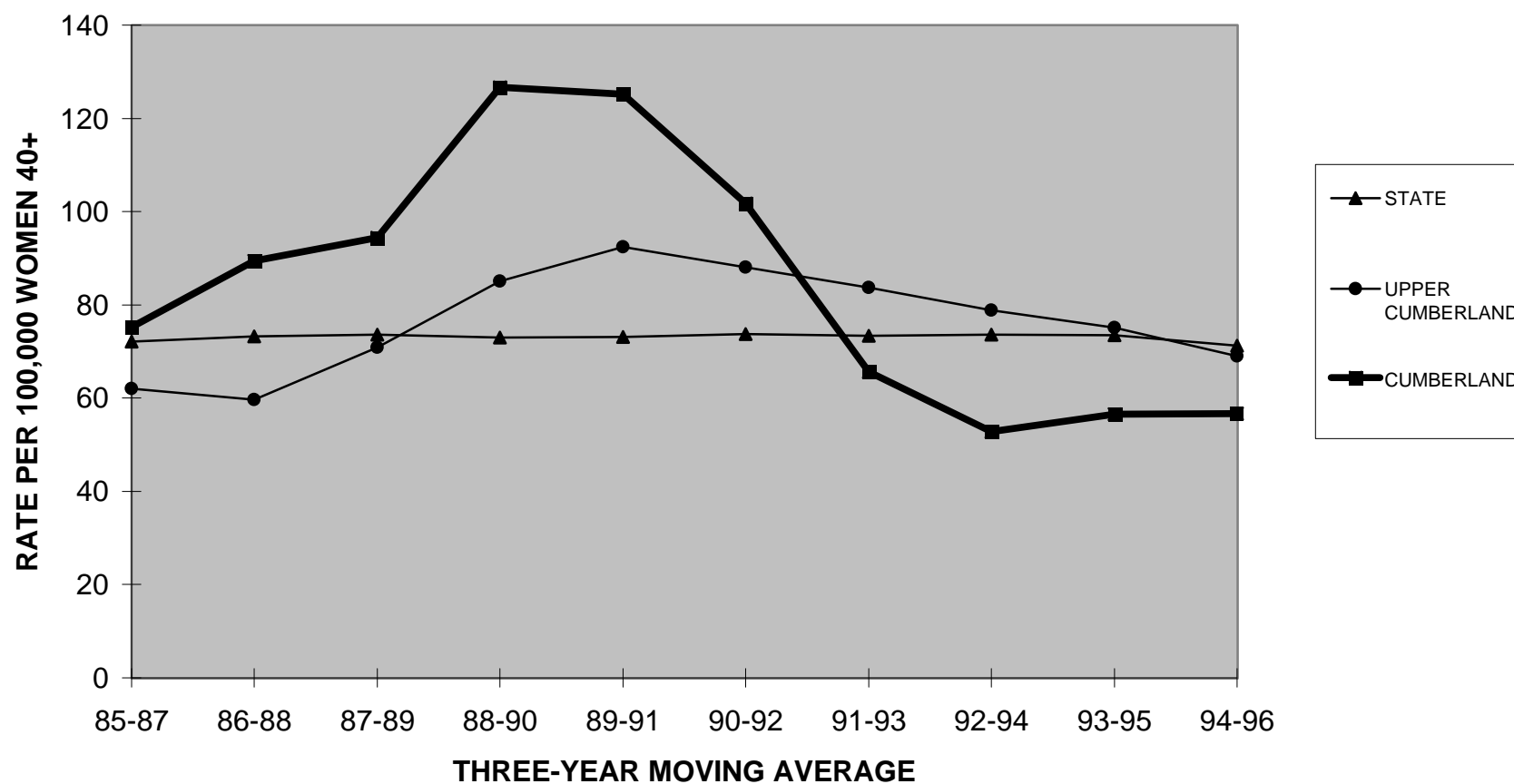
	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	
STATE	1,068.8	1,063.0	1,056.2	1,046.5	1,034.4	1,040.8	1,054.3	1,079.7	1,080.0	1,085.8	
UPPER CUMBERLAND	817.8	992.0	995.6	1,039.8	878.9	829.4	766.8	699.8	663.0	665.1	
CUMBERLAND	276.9	0.0	481.3	609.2	542.4	124.2	0.0	0.0	0.0	73.4	

OTHER RACES MALE AGE-ADJUSTED MORTALITY RATE PER 100,000 POPULATION



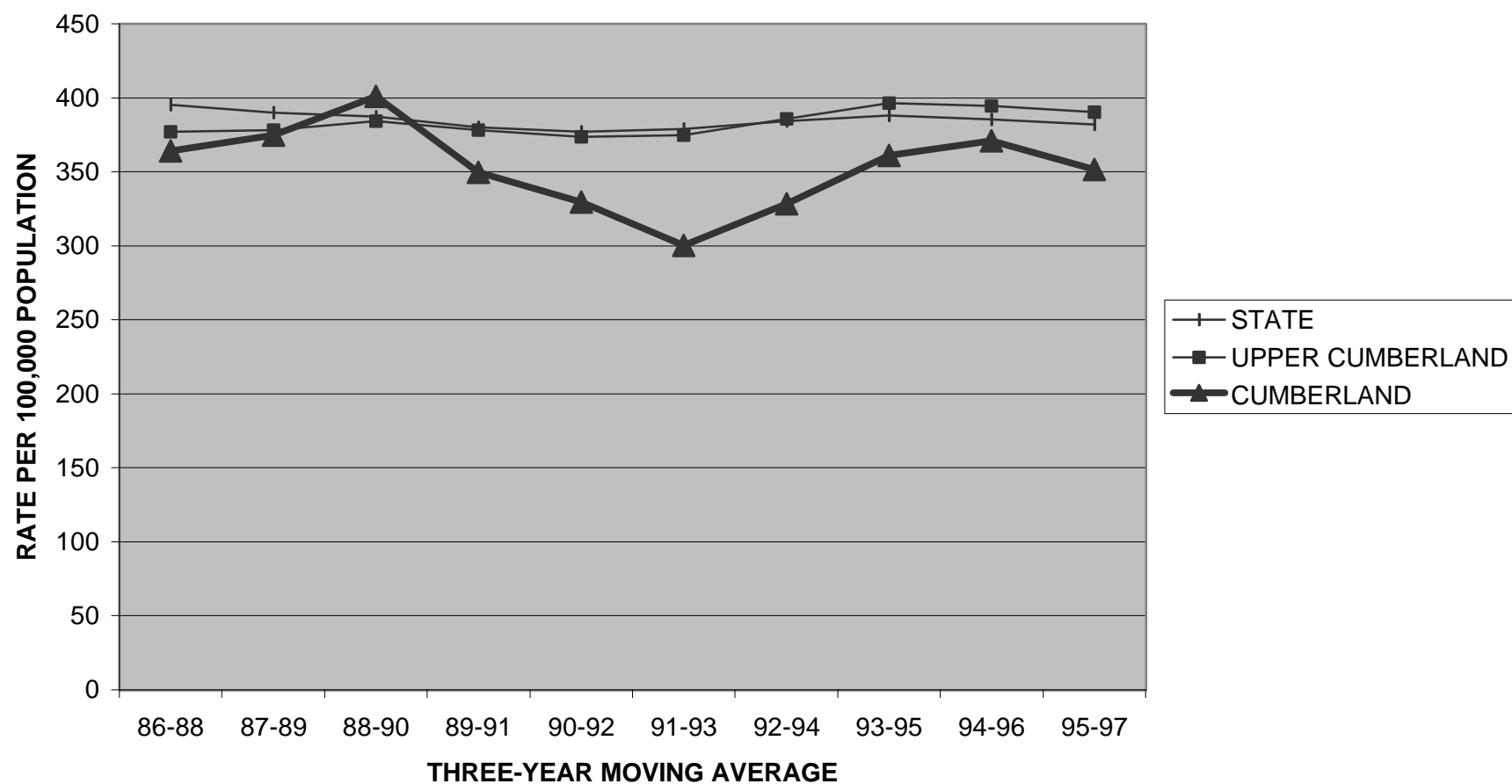
	85-87	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	
STATE	72.1	73.3	73.6	73	73.1	73.7	73.4	73.6	73.5	71.2	
UPPER CUMBERLAND	62	59.6	70.9	85.1	92.4	88.1	83.7	78.9	75.1	69	
CUMBERLAND	75.2	89.4	94.4	126.7	125.2	101.7	65.7	52.8	56.5	56.7	

**FEMALE BREAST CANCER MORTALITY RATE PER 100,000 WOMEN
AGES 40 YEARS AND OLDER**



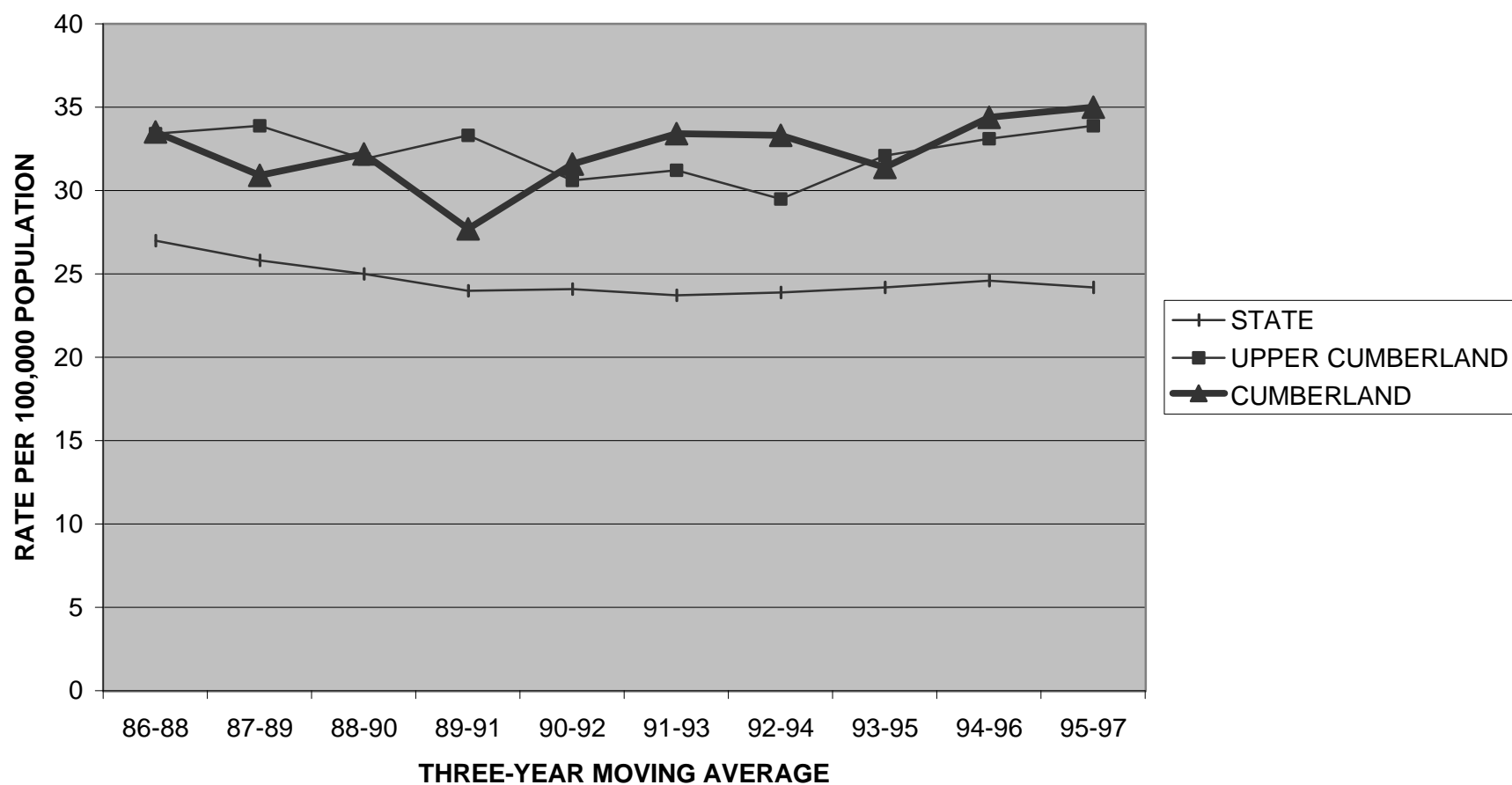
	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	
STATE	395.1	390.0	387.1	380.2	377.2	379.0	384.3	388.0	385.3	381.9	
UPPER CUMBERLAND	377.1	378.1	384.2	378.2	373.6	374.7	385.7	396.6	394.7	390.5	
CUMBERLAND	364.0	374.6	401.1	349.5	329.6	300.2	328.3	361.0	371.0	351.4	

WHITE FEMALE AGE-ADJUSTED MORTALITY RATE PER 100,000 POPULATION



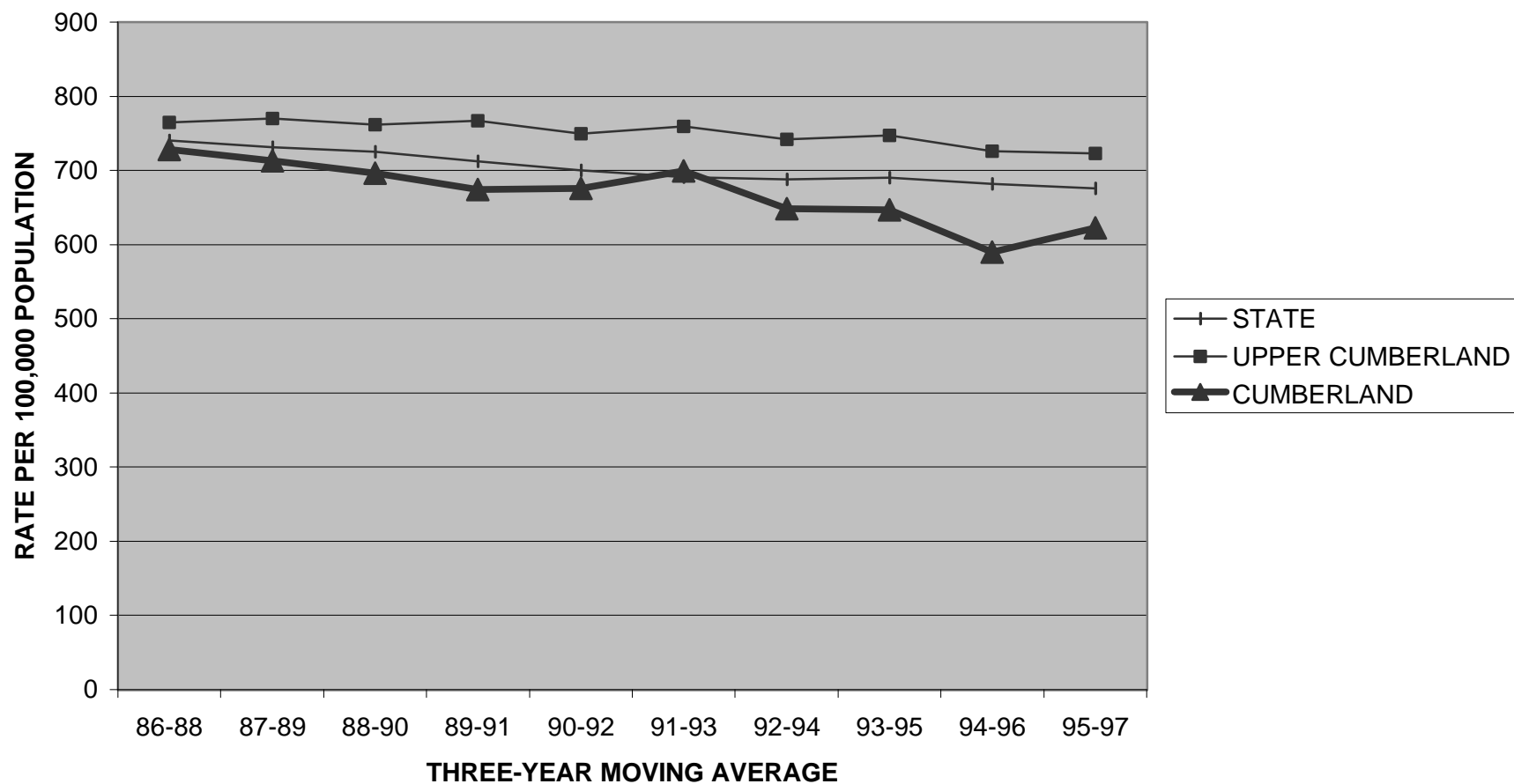
	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	
STATE	27.0	25.8	25.0	24.0	24.1	23.7	23.9	24.2	24.6	24.2	
UPPER CUMBERLAND	33.4	33.9	31.9	33.3	30.6	31.2	29.5	32.1	33.1	33.9	
CUMBERLAND	33.5	30.9	32.2	27.7	31.6	33.4	33.3	31.4	34.4	35.0	

MOTOR VEHICLE ACCIDENTAL MORTALITY RATE PER 100,000 POPULATION



	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	
STATE	740.2	731.5	725.3	712.3	699.9	691.0	687.8	690.1	682.1	675.8	
UPPER CUMBERLAND	764.7	769.7	761.9	766.6	749.6	759.0	742.0	747.1	726.0	723.2	
CUMBERLAND	727.9	713.2	696.6	674.6	675.6	699.1	648.2	647.1	590.2	622.6	

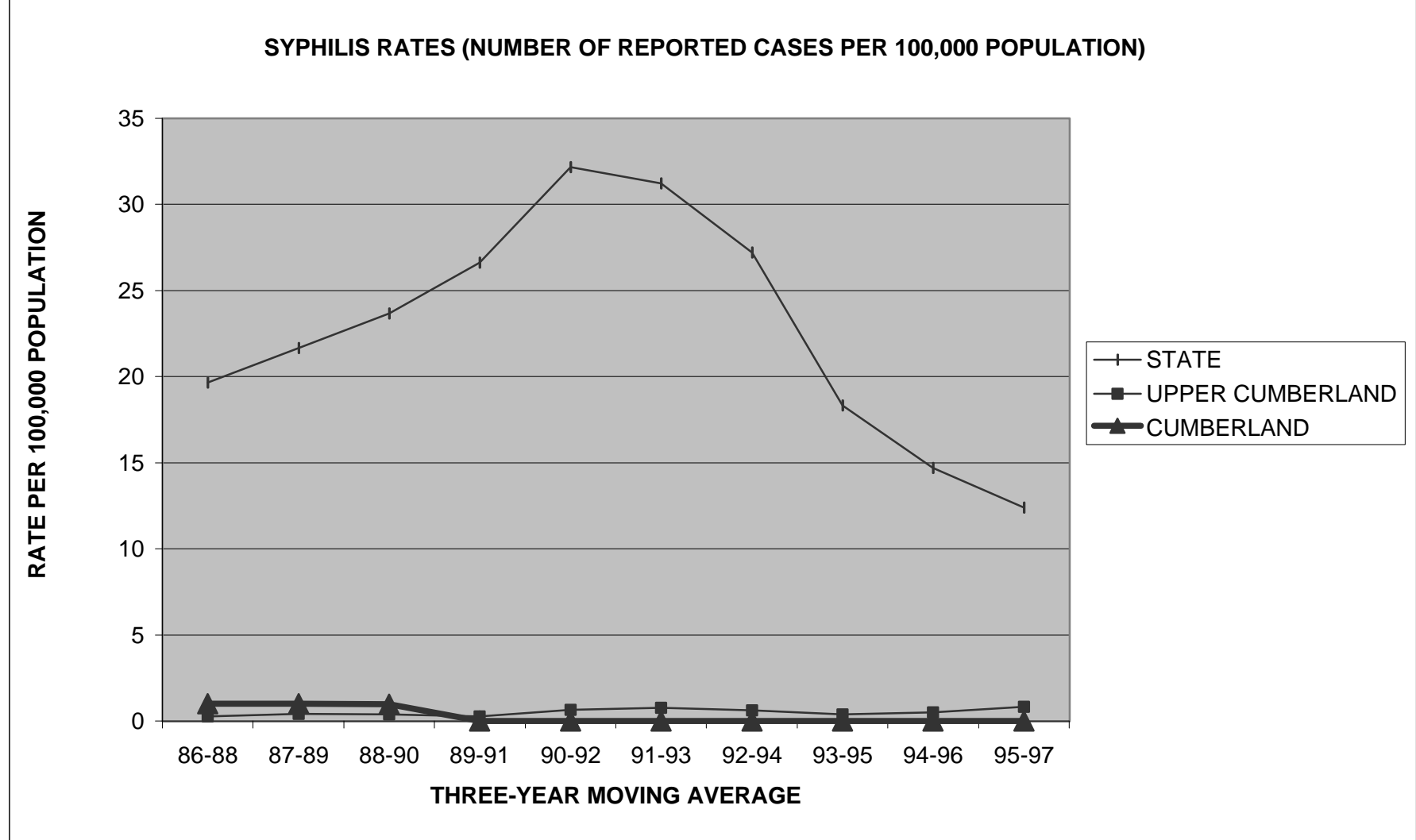
WHITE MALE AGE-ADJUSTED MORTALITY RATE PER 100,000 POPULATION



Appendix 5

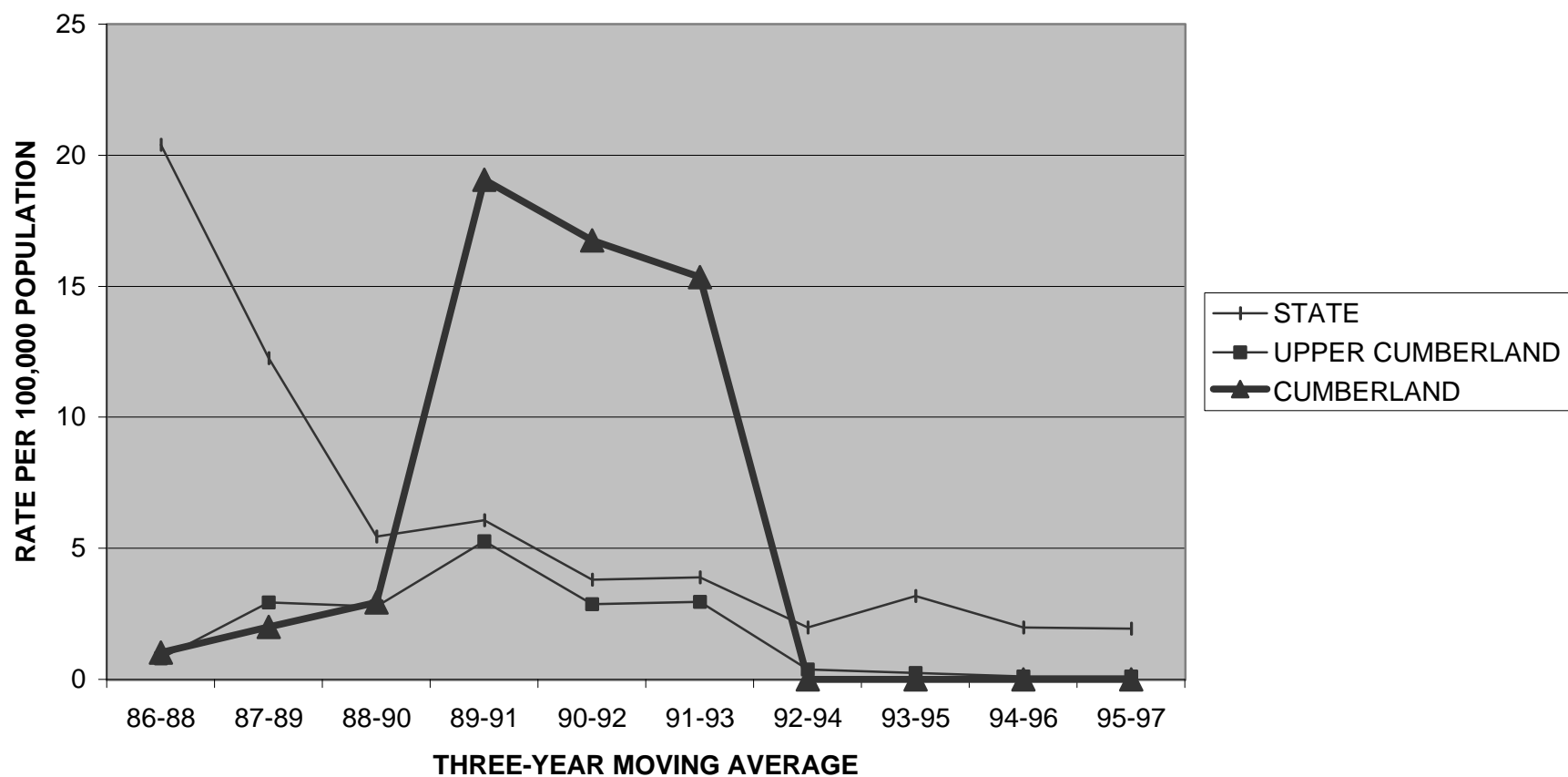
Morbidity Data

	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	
STATE	19.6	21.7	23.7	26.6	32.2	31.2	27.2	18.3	14.7	12.4	
UPPER CUMBERLAND	0.3	0.4	0.4	0.3	0.7	0.8	0.6	0.4	0.5	0.8	
CUMBERLAND	1.0	1.0	1.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	



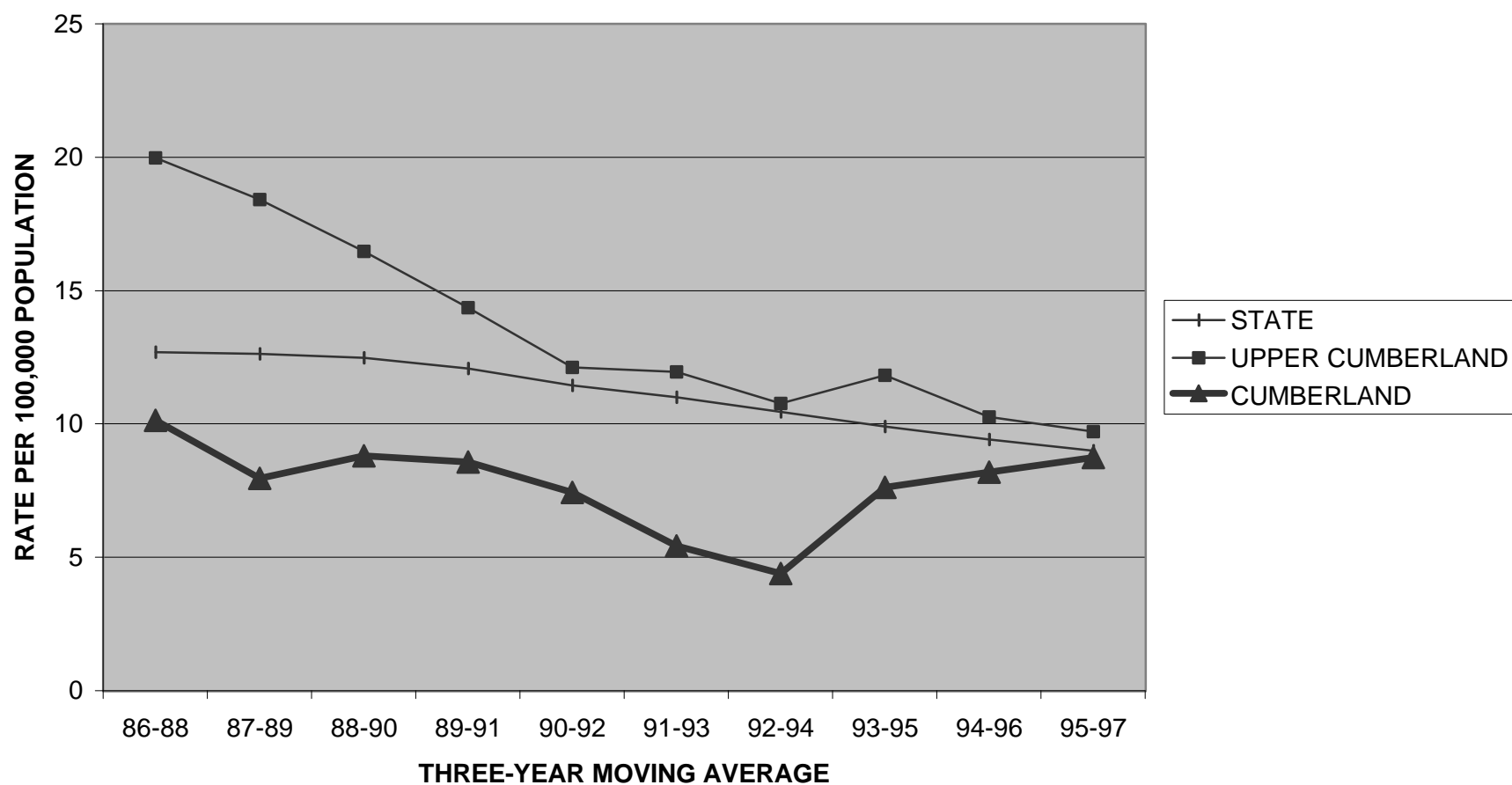
	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	
STATE	20.4	12.3	5.5	6.1	3.8	3.9	2.0	3.2	2.0	1.9	
UPPER CUMBERLAND	0.8	2.9	2.8	5.3	2.9	3.0	0.4	0.2	0.1	0.1	
CUMBERLAND	1.0	2.0	2.9	19.1	16.7	15.4	0.0	0.0	0.0	0.0	

VACCINE-PREVENTABLE DISEASE RATES (NUMBER OF REPORTED CASES PER 100,000 POPULATION)



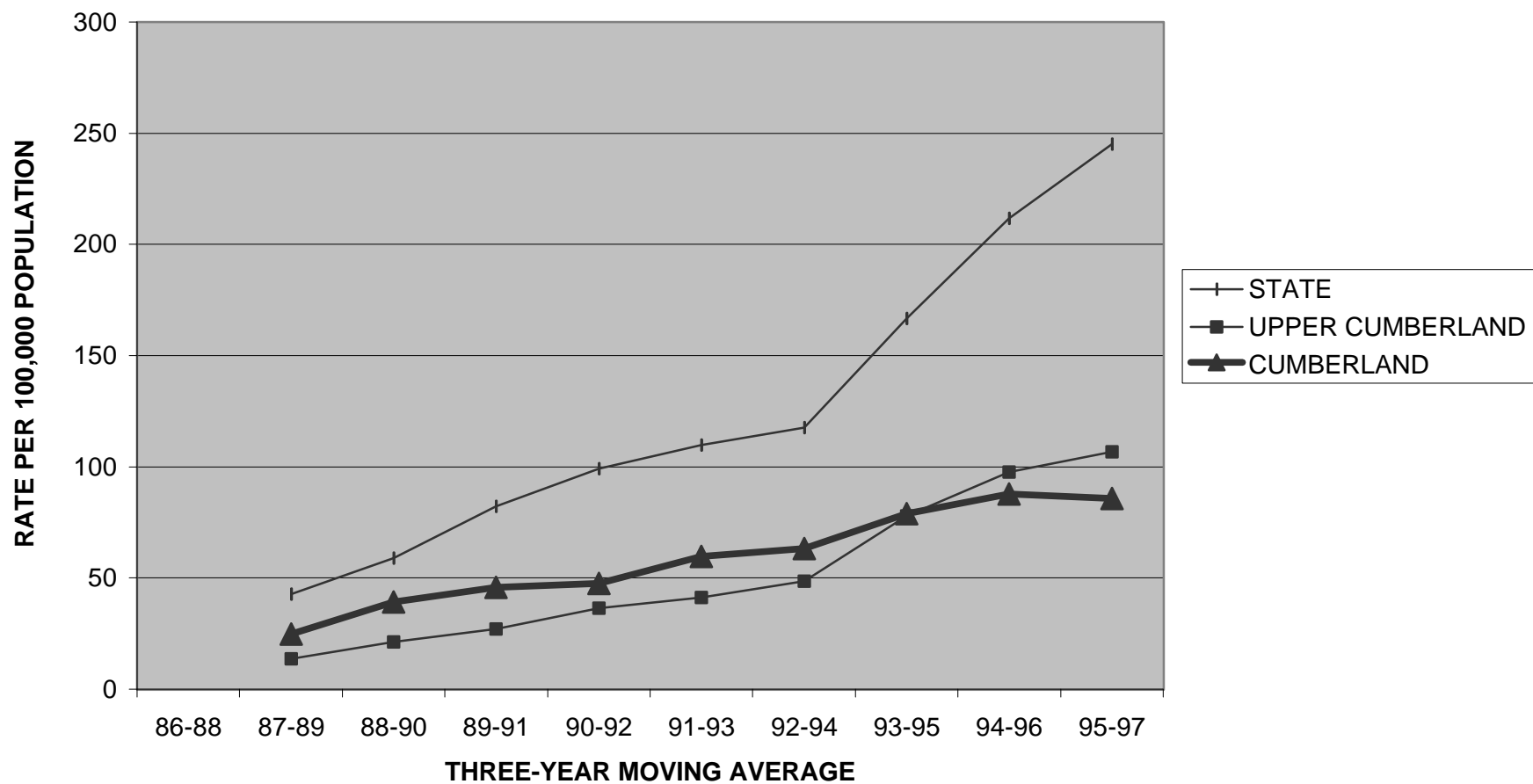
	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	
STATE	12.7	12.6	12.5	12.1	11.4	11.0	10.5	9.9	9.4	9.0	
UPPER CUMBERLAND	20.0	18.4	16.5	14.4	12.1	12.0	10.8	11.8	10.3	9.7	
CUMBERLAND	10.1	8.0	8.8	8.6	7.4	5.4	4.4	7.6	8.2	8.7	

TUBERCULOSIS DISEASE RATES (NUMBER OF REPORTED CASES PER 100,000 POPULATION)



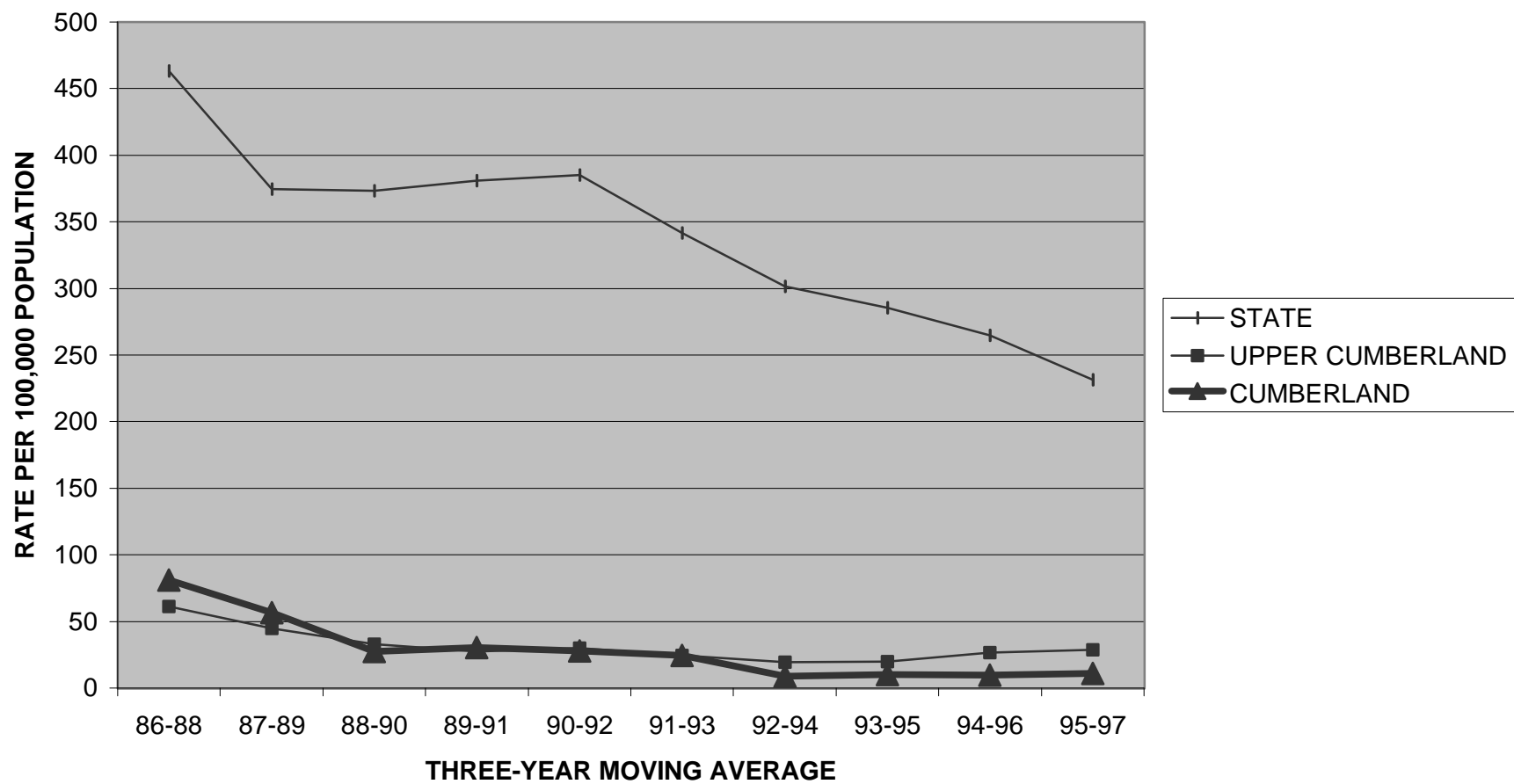
	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	
STATE		42.8	58.8	82.3	99.1	109.9	117.7	166.7	211.8	245.0	
UPPER CUMBERLAND		13.6	21.4	27.0	36.4	41.1	48.5	77.9	97.7	106.8	
CUMBERLAND		24.9	39.1	45.8	47.4	59.6	63.1	78.9	87.7	85.8	

CHLAMYDIA RATES (NUMBER OF REPORTED CASES PER 100,000 POPULATION)



	86-88	87-89	88-90	89-91	90-92	91-93	92-94	93-95	94-96	95-97	
STATE	463.3	374.6	373.3	380.9	385.0	341.5	301.5	285.3	264.7	231.4	
UPPER CUMBERLAND	61.1	44.8	33.1	27.5	30.0	24.6	19.6	19.7	26.5	28.8	
CUMBERLAND	81.1	56.7	27.4	30.5	27.9	24.4	8.8	10.2	9.8	11.1	

GONORRHEA RATES (NUMBER OF REPORTED CASES PER 100,000 POPULATION)



Appendix 6

Verbiage and Internet Address of HIT

Health Information Tennessee Web page created as a partnership between the TN Department of Health and the UTK Community Health Research Group can be located at www.Server.to/hit